The Bradshaw Lecture

ON

SOME DISEASES OF THE THYROID GLAND.

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elicered before the Royal College of Physicians of London.]

(*Concluded from p. 1497.*)

Observations on the Nervous System.

IN considering the phenomena usually attributed to the nervous system it is obvious that, in the time at my disposal, I cannot review, however briefly, the numerous and conflicting theories as to the cause or site of their production, the observations by which they are supported, or the history of the changes in the theories predominant from time to time.[1] It must suffice to remind you that, whilst the sympathetic, especially in the cervical region, was formerly regarded as the chief site of the lesion, further consideration led many authorities to shift the site to the vagi, and later to the medulla oblongata. More recently it has been found necessary to acknowledge that, in order to account for hysterical and emotional disturbances, &c., and for mania, we must regard the higher cerebral centres as in some way involved; but in what region, and of what nature, the changes are, hardly any two authorities agree. Such observations as have been made of the existence of definite lesions in the nervous system, whether central or peripheral, have, even by the observers themselves, been often regarded as accidental; or others have shown that like changes may occur without analogous symptoms and in other diseases.[2] Hence I do not refer to the many negative observations on the subject.

Before entering upon the actual observations on the nervous system it is well to suggest one or two general considerations. Firstly, that in the present state of physiological knowledge we meet many problems which involve the solution of points which physiologists acknowledge to be unsettled, and upon which the results of experiments are as yet conflicting. Such are the nature of cardiac innervation and the results of section or irritation of various nerves on the heart's action. When we find that it is regarded as doubtful whether there are intracardiac ganglia, and that the distribution of the nerves differs so much in different animals, and so on, we may well be cautious as to the results of experiments on pressure on parts of the vagus and sympathetic, or the supposed effects of their irritation. Secondly, that as regards some of the phenomena usually attributed to the nervous system, their analogy with the phenomena produced by some drugs leads us to believe that they may be equally explicable by direct effects of local irritation of a toxic nature, or by other factors. Under this head come tachycardia, arterial paretic dilatation, &c. Thirdly, that on a general view of the nature and mode of occurrence of the "nervous" phenomena it appears that they are, with one or two exceptions, liable to rapid alteration. For example, in one recent case of my own there occurred, in rapidly alternating succession, irregular elevations of temperature, ophthalmoplegia, varying from day to day in degree and localisation, polyuria, albuminuria, each only lasting for a day or two and recurring at intervals, diarrhœa of great severity, unilateral sweating, and various other phenomena, the only persistent symptoms being tachycardia and exophthalmos. Even the two latter symptoms showed remarkable variations within brief periods. So also did the tremor, which was very marked, and the great excitability, and rapid and sometimes confused speech. From such facts we might well suspect that whatever changes might be found in the nervous system would probably be of such minute and transient character that only by very minute and widespread examination could they be detected. Indeed, one would say that unless they caused permanent degeneration of some of the tissue elements we might not be able to detect them by our present methods. When, therefore, actual lesions are discovered after death, especially where any definitely localised nervous phenomena have immediately preceded death, or, as with hyperpyrexia, have been its cause, the discovery of such lesions is of prime importance. Let me remind you that even in hemiplegia, and in some cases of spinal paralysis, no change may be discovered. Moreover, if the cause of nervous lesions is a generally acting one, we need not exclude from its operation either the sympathetic nerves, the peripheral nerves, or the ganglia. Not only have such changes been recorded by others, but I have myself made some actual observations; and I hope to give some evidence that these lesions are especially observed in those regions or centres of which the function is especially impaired. Moreover, in their nature, and to some extent in their distribution, they correspond with those seen in tetanus and hydrophobia, a fact which, taken in conjunction with other considerations, suggests that they depend on a toxic irritative action. If time permitted, I should like to show that from comparison with the changes in the nervous system in myxœdema, which are in some parts of an opposite nature, it is not improbable that the irritative lesions in Graves' disease especially affect those parts of the nervous system which are normally most dependent on the thyroid secretion for incitement to normal function, and that the absence of the secretion leads to atrophic changes, whilst excess or alteration of the secretion leads to irritative and toxic phenomena. But, since time forbids a detailed statement of these changes, I must reserve them for the microscopic demonstration, in which the corresponding parts will be shown side by side.

Cervical Sympathetic in Graves' Disease.

Although I have examined the cervical sympathetic system in four cases of Graves' disease, there are only two which have been examined by modern methods and can be referred to with confidence. In this examination, owing to the way in which the nerves were removed, it is difficult to localise exactly the site of the changes; but I shall show you sections from various parts both of the ganglia and the nerves in transverse and longitudinal sections. The middle cervical ganglion and the parts adjoining have been those especially studied. Very marked changes have been found; the ganglia have appeared to be swollen; and marked hyperæmia, especially in the more superficial parts, but not limited to them, has been constant. In the most marked case, from which most of the sections shown are taken, the principal changes were: 1. Presence of subacute inflammatory change, evidenced by leucocyte emigration from the minute venules, and their marked hyperæmia. 2. Active invasion of the tissue by leucocytes, which especially invaded the spaces in which the ganglion cells lie. 3. Degenerative changes in the ganglion cells, which appear to be invaded by leucocytes. In some of the cells, however, more passive degeneration was seen. The longitudinal sections of the cords of the sympathetic nerve showed much less marked change. From a comparison of these changes there can be no doubt that the cervical sympathetic ganglia are the seat of a subacute inflammatory process. It may be fairly assumed that this leads to changes in function, either by irritation or by degeneration. The contrast of similar parts in myxœdema is very striking. In myxœdema the ganglia appear much smaller than in Graves' disease, when corresponding parts are compared. The principal changes found are:—1. Marked interstitial fibrous overgrowth, especially at the peripheral parts, where, on transverse section, ingrowths of fibrous tissue are seen. On longitudinal section also bands of fibrous thickening are seen, especially along the nerve bundles. 2. Degenerative changes in the ganglion cells. These are for the most part of the type seen in chronic degeneration, and are accompanied in many parts by marked pigmentation. I have not seen any sign of myxœdematous degeneration in these parts. For purposes of comparison I have shown alongside these the degeneration consequent on invasion of the ganglia by new growth.[3]

[1] For an able summary of this question see Ballet, Revue de Médecine, 1888, p. 513. After a historical critique he concludes that the site of the lesion cannot be the cervical sympathetic, as the cardio-vascular phenomena do not agree with those observed in lesions of the sympathetic. He considers that the lesion is in the medulla oblongata and refers the tachycardia to the vagus. He attributes the thyroid lesion to vascular paresis, as he regards the thyroid as a blood reservoir and thinks that its swelling is due to general dilatation of its capillaries. See also Wette, loc. cit., for a discussion of this and other points.

[2] Thus Mendel (Deutsche Medicinische Wochenschrift, 1892, p. 89) found, in a case of locomotor ataxy associated with Graves' disease, that the *faisceau solitaire* was atrophied. In other cases of Graves' disease he found no such change; and, on the other hand, Oppenheim (Archiv für Psychiatrie, 1888) found similar atrophy in a case of tabes without Graves' disease.—See Joffroy and Achard, loc. cit.—Atrophy of the restiform body has also been observed in other cases.

[3] These specimens were shown with lantern and microscope.

Central Nervous System in Graves' Disease.

The parts especially examined have been the pons and medulla in two cases. The changes are seen throughout them, but are especially to be observed in the medulla oblongata. They are closely analogous to those seen in the sympathetic ganglia. In various parts, especially in close relation to the ganglionic centres, there are here and there dilated vessels filled with leucocytes, some of which are escaping or have escaped into the surrounding tissue. Together with them minute hæmorrhages are frequent. Many of these are so minute as to escape detection unless examined with a high power. When thus examined some of the microscopic hæmorrhages are found to be in process of absorption. In addition to these, in one fatal case with high temperature, numerous small hæmorrhages were found in the floor of the fourth ventricle, but not limited to it.[4] In many groups of ganglionic cells examined some of the cells were found to be in process of atrophy. This was of a kind allied to cloudy swelling, one or two cells in a group examined being found swollen, the nucleus being invisible and the protoplasm staining imperfectly. In some cells a kind of vacuolation was seen. The fact of the presence of these changes suggests that a slight and persistent condition of irritation with subacute inflammation in parts, was present. I should add that the changes were not confined to the centres, but that patches of leucocyte emigration were seen here and there in some of the nerves shortly after their emergence from the brain. I have not been able to make a sufficiently exhaustive examination as yet to determine which nerve centres were especially affected. The changes seen resembled in general character those in tetanus and hydrophobia, though much less in degree. It was my intention to enter somewhat fully into the changes found in the central and peripheral nervous system in myxœdema and to discuss their bearing on the pathology of the disease. Time forbids more than a demonstration of some of the more characteristic ones. In all of five cases examined very marked changes were found of a degenerative nature, especially in the nerve-trunks of the lower limbs.

Antithesis of the Clinical Phenomena of Myxœdema and Graves' Disease.

It seems needless to dwell in any detail on the contrast presented by the symptoms and general conditions of the two diseases, since they are obvious to all who have compared them. The occurrence of the one (Graves' disease) especially in females at the age of greatest activity of the generative organs, accompanied by the presence of increased excitability, of nervous tremor, of tachycardia, and ready mobility of the arterial reflex, of liability to exaggerated temperature from slight causes, and still more, in febrile diseases, of ready and excessive perspiration, of altered vascularity, of nutrition of the skin of an opposite character to that in myxœdema, of excitable and active mental condition, and the frequent presence of amenorrhœa. In myxœdema we have the occurrence when in women, especially at the period of menopause, of abnormal diminution of excitability where mania is absent, of stolidity and slow movement, of absence of tremor (except in the very rare cases of tetany), of slow action of the heart and unexcitable pulse, of abnormally low temperature in ordinary conditions, of such a degree of immobility of the heat-controlling centres that the course and phenomena of febrile diseases are either largely altered or suppressed, of the absence of even normal cutaneous transpiration and the difficulty of exciting sweating, the changes in the skin and subcutaneous tissue leading to a chronic dropsical condition, of large abeyance or sloanness of thought and expression, of altered speech, and of the frequent presence of menorrhagia or metrorrhagia. In the form of mania there are also differences, for, while in Graves' disease the tendency is to active mania, in myxœdema the commonest form is similar to that sometimes occurring in association with cardiac failure, depression and delusion of melancholic type &c. being commonest. It is true that we sometimes meet with mania of more active type; that in some of the milder forms there are exalted delusions, and that during the periods of mental symptoms we may find the patient in a very happy frame of mind (the speech may become rapid, although it still exhibits the tendency to the use of periphrases and long words which indicate difficulty in verbal expression of ideas), and that in the more severe conditions there may be very great violence, periodic exacerbations, &c., while in others the mania may be recurrent and suicidal. Yet on a general view we find that in myxœdema it corresponds with those forms of insanity associated with malnutrition; and, although we cannot draw any such sharp line of contrast in individual cases, yet on comparison with the general tendency we find that in Graves' disease there is a greater tendency to acute delirious mania, or to a type approaching choreic mania; in myxœdema this is rarely present. Did time permit I might show you that the examination of the various organs reveals very striking points of difference, in addition to those seen in the nervous system.

There is another point of contrast, which I am inclined to regard as of some importance—viz., the great tendency in myxœdema to tuberculosis. Of course it may occur in Graves' disease, but, so far as I can judge, there is no especial tendency to it. In myxœdema it is especially frequent. Of the fatal cases under my care, and in two of those in which I have, through the kindness of friends, been able to examine all the organs, tuberculosis, widespread and advanced, was present in five out of seven cases, as also in one case of sporadic cretinism. In all, the symptoms were masked, and the temperature was greatly modified. In three of these cases the tuberculosis was remarkably widespread. On the other hand, it was very slow in progress, and in one case the tuberculosis in the lungs had undergone an almost complete cure before death. In one other fatal case, which was long under my care and died soon after my leaving the infirmary, no post-mortem examination was made, but she had exhibited some symptoms of tuberculosis. Her only child died in my wards from tuberculous tumour of the cerebellum. In none of the fatal cases of Graves' disease, though they had been long in hospital, were there any signs of tuberculosis. It may be worth while to direct attention to this fact, and possibly to try the effects of thyroid extract in phthisis; but I cannot say that I am very hopeful of favourable results. Tubercle in the thyroid gland has not often been observed, but I have found it in cases of rapid tuberculosis, as in a specimen which I show.

Action of Thyroid Secretion.

Whatever other functions may be subserved by the thyroid gland in the animal economy, whether in blood formation, proteid metabolism, or as supplementing the action of other organs, we cannot now doubt that all its more important functions are due to a secretion which can be separated, though not as yet in a pure state. This is abundantly shown by the fact that the symptoms and deleterious results of atrophy, congenital deficiency, or removal can be averted or cured by a substance chemically separated, and introduced by the stomach. This fact, if it threw no other light on the physiology of the thyroid gland, serves to abolish all the theories grounded on the view that it acts by the removal of a poisonous substance from the blood, or by transforming mucin into "colloid" *within* the gland. True, it does not prove that no such action is exerted by the substance within the blood or tissues, but it minimises the previous observations as to the accumulation of mucin &c. in the blood as explaining any part of the pathology of myxœdema. And if, as seems probable, the essential constituent of the secretion should prove to be of the nature of a ferment, the usefulness of the colloid material, unless to dilute and delay the activity of the secretion, will also be negatived. I have recently made numerous observations on the nature of the substances contained in thyroid extracts; but, since others more competent are engaged in the work, I need only refer you to such papers as that of Mr. Edmund White.[5] No one can, after such observations, question that the amount of the active ingredient forms a very minute proportion of the extract from the gland.

The physiological action of the secretion on healthy animals and in various diseases also urgently demands further investigation.

Both from the changes found in myxœdema and from experiment there can be little doubt that the thyroid secretion has an especial action on the skin. It appears especially to affect the sweat glands, stimulating their activity and probably also promoting the nutrition and activity of the other structures of the skin. It is possible that this action is exercised through the sympathetic nervous system, either by vascular control or otherwise; but some

[4] Similar hæmorrhages in the floor of the fourth ventricle have been described by Dr. Hale White and by Dr. Alex. Bruce (Stewart and Gibson), loc. cit.

[5] The Pharmacy of the Thyroid Gland, Pharmaceutical Journal, Sept. 2nd, 1893.

considerations suggest a direct action on the vessels or on the glands themselves. What effect it has on the central nervous system and in what manner this is exerted are subjects for further experiment. It is possible that it may act partly through the vascular supply, partly in a direct manner on the nervous tissue. One point of especial interest is whether, under normal conditions, its activity is limited to the cervical sympathetic ganglia and some of the medullary centres.

The observations of the action of thyroid extract in myxœdema can, of course, only be accepted with some deductions. Where only a moderate dose has been employed, the effects of restoration of the normal conditions as to temperature, skin excretion, action of the kidneys, restoration of the general nutrition, and of the cerebral functions are well known. Valuable evidence is also given by the effects of overdoses, where the rise of temperature beyond normal, the acceleration of the pulse and its characters, and the production of sweating, diarrhœa, &c., correspond in many respects with the phenomena of Graves' disease. A few observations are also recorded by medical men on themselves. Such are those of Dr. Alex Haig, who found that relaxation of the arterioles, diuresis, &c., were produced by it. The only satisfactory observation I have made on a healthy subject was one in which dried tabloids were given, the effect being a slight irregular rise of temperature and tachycardia. It was noted that the tachycardia and ready excitability persisted for some days after the drug was stopped. The glycerine extract had proved inert in this and other cases.

We cannot but be impressed by the fact that the partial arrest of several functions in athyrea is removed by thyroid secretion and that their activity may be exaggerated by an overdose; one is, indeed, inclined to think that the evidence in this respect is conclusive as to the physiological effects of the secretion. At the same time one cannot but see that there are flaws in the argument from a strictly scientific point of view, and that it does not serve as conclusive proof that a mere excess of the secretion is an essential factor in Graves' disease. Nor does it seem to me that experiments on the healthy human subject can rightly be made to afford conclusive evidence: for if the disease were due simply to exaggerated activity of the thyroid, we must, in order to produce all the phenomena of Graves' disease, push the administration to a degree which would be dangerous and which might lead to permanent damage to the nervous centres and to the heart. For this reason experiments on animals are essential. In them the doses given might be of such amount and duration as to cause changes in the central nervous system which could be studied microscopically and might reveal similar changes to those which I have described.

There is one point of especial importance in respect to experiments on healthy animals. In relation to all active secretions there are means by which either the production is controlled or the excess removed. In prolonged athyrea the control is removed, and probably, as in all functional abeyance, the controlling mechanism becomes defective, and its agents atrophied. Hence we should expect that the effects of artificially introduced secretion would be more intense than in healthy animals. After partial recovery the control is probably regained; but in healthy animals, unless this control system is paralysed, the effects cannot be expected to be so great. We do not know, and can only infer, wherein this control lies, and in the human subject we might find that unexpectedly serious results might follow if disease of the necessary organs existed. It seems probable that the skin especially, the mucous membrane of the alimentary canal, and possibly the kidneys, are the chief sites of excretion.

Summary.

Allow me, in conclusion, to summarise some of the leading points which I have endeavoured to bring before you, especially in the demonstrations. 1. The peculiar characters of the changes in the thyroid gland in Graves' disease, in its common form. These consist mainly in a proliferation which from its characters suggests increase of the secretion. In what way the chemical nature is altered we do not know. 2. That there is sufficient evidence that removal of even a part of the affected thyroid gland causes the diminution, and often cure, of the disease, with atrophy of the remaining part of the gland. This can scarcely be explained, unless on the hypothesis that the enlargement of the gland is essentially causal. 3. That the condition of the central nervous system and of the cervical sympathetic nerves reveals evidence of a partly chronic, partly acute, widespread nutritive change, limited in degree, but associated with slight irritative and degenerative changes, and that these appear to be most marked in the sympathetic cervical ganglia and, next in frequency, in the ganglionic centres in the mid-brain, and in the commencement of the cranial nerves. The central changes correspond in their distribution to some of the degenerative changes in long-standing myxœdema. It seems probable that, except in rapid exacerbations, the lesions in the pons and medulla are commonly less severe than those in the sympathetic nerves. 4. The contrast between the clinical phenomena of the two diseases and of the condition of some organs (which time has prevented me from showing). 5. The suggestions afforded by the action of the thyroid secretion. These points, taken together, appear to me to justify the suggestion that the pathology of Graves' disease demands, and will repay, further investigation.

I cannot but regret the many points omitted through want of time, and more especially as regards the light thrown on the pathology of the thyroid gland by the study of myxœdema.[6]

An Address

ON THE

DIFFICULTIES OF BECOMING ACCURATE OBSERVERS.

Delivered before the Yorkshire Medical Society on Oct. 18th, 1893,

BY H. LITTLEWOOD, F.R.C.S. ENG.,

HONORARY ASSISTANT SURGEON TO THE LEEDS GENERAL INFIRMARY.

MR. PRESIDENT AND GENTLEMEN,—When I received the courteous invitation from your Secretaries, in July last, to give you an address this evening, I felt then, and feel still more now, your kindness in conferring such an honour and distinction upon me. To give the first Address before the Yorkshire College Medical Society is a task to be by no means lightly undertaken, and my first feelings were that I could not accept such a responsibility. I thought you would be better advised to have asked one of my seniors to occupy this position to-night; but after thinking it over for twenty-four hours I came to the conclusion that it was my duty to accept your invitation, as it had come spontaneously from you. It struck me that you must have wished me to occupy the position I am now in; and if I rightly interpret your wish—which I look upon almost as a command—I felt I had no alternative but to obey. Most of you whose faces I see around me now know something of me; some of the junior men I hope shortly to become better acquainted with, as soon as they begin their work in that beautiful hospital of ours with its—I was going to say—unrivalled wealth of clinical and pathological material. I can only hope that you will not expect too much, or be too exacting; for there is no audience anywhere composed of more merciless critics than students. I have yet to learn that medical students in this or any other respect differ from the students of other Faculties. At this time of the year almost every body of medical students have an address of some kind or other inflicted upon them, but mostly not of their own seeking, nor have they any voice in selecting their orator. But you, gentlemen, have deliberately asked to have another added to that already long list, and have selected me to deliver it.

First, let me tell you how glad I am that you have formed such a Society, and congratulate you on the energetic way the whole of you have entered into the spirit of it. A vigorous beginning is, in the large majority of cases, a good omen of what we may expect in the future; and I am looking forward to hear that the meetings of this session—when you have such a good supply of papers on so many interesting

[6] In the accompanying demonstrations there were shown (1) microscopically: thyroid glands from various normal and diseased thyroids, including cystic goitre; thyroid glands from seven cases of exophthalmic goitre and from seven cases of myxœdema; adenomata of the thyroid gland; and sections illustrative of the changes in the nervous system in Graves' disease and myxœdema; and (2) by lantern: demonstration of photographs of thyroid glands from a series of cases of Graves' disease and myxœdema, &c., and sections of nerves, skin, and other tissues in myxœdema.

subjects—will be voted by all of you to be so great a success that they will place the Yorkshire College Medical Society on a firm and permanent basis. If such should be the case, you men who have been the founders of this Society will look back upon this session with no little pride, for you will feel that you have been instrumental in starting one of the most important societies in that college of the Victoria University of which you are all so proud to belong. Nor am I over-estimating the mark when I say I believe that this Society will be found to be one of the most important and pleasant adjuncts of your student-lives. And here let me say a word or two on what I believe are its advantages. One of the greatest is that it affords another opportunity of meeting, so that you may get to know each other better, to cement friendships already formed, and to make new ones. The microscopes and the "pickles" you look at and discuss during the half-hour before the meeting will be as agreeable aids to conversation as the burnt-offerings to "My Lady Nicotine." Then comes the business proper of the evening: the reading of papers on some medical subject, or on one of those branches of science which have more or less bearing on medicine; and this means that the readers of these papers must have carefully thought about the subject, and formulated, out of perhaps a nebulous mass of impressions, some definite concrete ideas. These ideas and conclusions will be called in question and may have to be defended. Your members can see from your nicely arranged syllabus the subjects to be discussed at each meeting, so that they can come better able to discuss the papers, for they will have good opportunities of thinking and reading about them before your meetings. This discussion you will find a very useful training, for it means that you must speak standing on your hind legs; and, although man prides himself on this upright position, as he feels it is one great mark of difference between himself and the lower mammalian types, yet when he attempts to speak in this position for the first time he will almost instinctively wish he could assume a less dignified one. It is astonishing how all the clever and smart things you intended to say appear to slip from you and remain unsaid, and you sit down and think, perhaps, that everyone is saying what a fool you have made of yourself. But it is not so at all, and, though you may not have said exactly what you first intended, still you have probably thrown some light on the discussion. This should not discourage you from further attempts and greater efforts. Not any of you have ever achieved anything that is worth being dignified by the name of an achievement, except it has cost him a great effort. My advice to all of you is to speak at some of the discussions during the session. I think I can hear some of you saying, "But surely there is enough palaver nowadays without my adding to the number of braying jackasses; and did not Carlyle tell us that silence is golden!" I quite agree with all this. But you must remember that you are living in an age when medical men are often called on to speak, and you must, to a certain extent, enter into the spirit of the age, so that if it is demanded of you to speak, or take part in matters which are somewhat outside the pale of your medical work, you will in some way have prepared yourself for it. I can assure you that it is a much more difficult matter to speak before an audience where every member is personally known to you than it is before an audience of strangers, and if that is true you will all at once see the practical advantage of speaking here. I am sure of this, that many medical men would give their ears to have made use of the opportunities afforded by such a Society as this rather than find themselves on their legs for the first time in their lives in the town or village they had selected to practise in. From some of the speeches I had the privilege of hearing when I took the chair at the preliminary meetings of this Society I feel sure of this, that there is material out of which some good speakers are to be made. To make good speakers, you must have confidence and learn to play with the English language as you would with a cricket ball or billiard cue, and all of you know that in order to excel in games of this kind you must practise. Of course, the personal equation comes in everywhere. But perhaps the most valuable training a Society of this kind can give you is that it should help to make you accurate observers and searchers after truth, and it is on this subject that I want more particularly to speak to you. By talking over your cases and the things you have seen in the dissecting-rooms, post-mortem-rooms, or physiological and pathological laboratories, with your teachers, and more particularly amongst yourselves, either privately or at the meetings of this Society, you will find great help in arriving at the truth about your work. Above all things, you must aim at being accurate observers. I do not know any more unfavourable criticism of members of the medical profession than to say that they are not accurate observers.

There are many theories afloat to solve the great question of medical education—what subjects should be taught in the early part of the curriculum, and what left out. I do not think it is quite such a great matter what is taught: how it is taught is of far more importance. For I take it that there is no training which can turn out a medical man who is up to date in every branch of his profession, and very thankful I am that there is no place in the world for such a prodigy. He would be very like a historical character described in one of George Eliot's novels: "The simplest account of him one sees reads like a laudatory epitaph, at the end of which the Greek and Ausonian muses might be confidently requested to tear their hair, and nature to desist from any second attempt to combine so many virtues with one set of viscera." To hear some men, and even medical men, talking, one might almost suspect that we had found the realisation of such a description. The great aim and object of medical education, and, in fact, of all education, is that it should make you accurate observers; and any plan or scheme of education that has not succeeded in this has been a failure, even if, after years of study, you can write the whole of the letters of the alphabet after your name. You hear people talk of education, and of So-and-so going to this or that school or university, either at home or abroad, *to finish* their education. Never was there a more mistaken notion. The word "education" should almost be used like the word "eternity." It must go on as long as humanity exists What you should be doing at your school and university is to train yourselves to observe things accurately, so that you may rightly interpret their meaning. Let me tell you it is a very difficult thing to be accurate. You will, I am sure, forgive me for again quoting from George Eliot, but she has so well expressed what I want to say: "Examine your words well, and you will find that, even when you have no motive to be false, it is a very hard thing to say the exact truth even about your own feelings: much harder than saying something fine about them which is not the exact truth." If such is the case, we cannot be too laborious and pains-taking in order to eliminate error. If your early studies in chemistry, biology, anatomy, physiology, &c., have been rightly conducted, you should have learned to note facts and to make careful observations; and you will find this training invaluable when you begin your hospital work, as also during the remainder of your medical lives; for the whole art and science of medicine must be founded on accurate observation. All careful students of medicine should be good and accurate note-takers; the practice of sketching and making diagrams of the things you are observing is a very valuable one to cultivate. In taking notes on your cases acquire the habit of putting your observations on paper while you have the patient before you; compare the diseased or injured part with the corresponding healthy part; and if both similar parts are affected you must compare them with what you have learned to consider as a healthy ideal. If records are not made at the time they lose somewhat of their value, even if they are made within a few hours after the appearances observed have been described; but if left days or weeks—and I know this is sometimes the case—the imagination is left to fill in the details; and should they be left for a much longer period it is perfectly astonishing what may not be described as facts, especially if the writer is anxious to make the accounts read well. I believe this is the reason why there is so much doubt about so-called facts; a good many of them are not facts at all, but merely expressions of a very fertile imagination. There is more truth in some of the stories of the "Arabian Nights." A certain part of what has been called the new criticism of some ancient writings and records consists in trying to ascertain how soon after seeing these events did the eye witness write the records. Of course a good deal of the value of these records depends upon the decision of such a point—how much and how little has the imagination taken part in the evolution of these so-called records of well-authenticated facts? Then, in describing your cases, do not use language that lends itself to exaggeration. Whenever you can put down actual measurements and actual figures it is much better to do so.

According to the statistical tables of some operations and new methods of treatment one finds all the cases, or a large majority of them, classed under the heading of "cured." This is a very unfortunate word, for it appears to have a variety of meanings; and what one person understands as a cure certainly would not come up to the standard of another.

I often wonder if the notes of some of the failures have not been lost or if the cases of failure have not been removed, because, for some reason or other, they do not quite come within the category of the title-heading selected for these tables. We do not find many statistical tables of failures. When one reads these accounts one wonders if they were written for the purpose of finding out the truth, or was there some other motive? Macaulay, in his essay on "Gladstone on Church and State," has a passage which I think I may aptly quote here: "It seems quite clear that an inquirer who has no wish except to know the truth is more likely to arrive at the truth than an inquirer who knows that if he decides one way he shall be rewarded and if he decides another he shall be punished." But as students your first object must be to be accurate. I will give you one or two examples of curious notes that I have seen lately made by some students. I was reading an account of an operation I had performed the day before, and, finding not a single statement in the note was quite accurate, I asked how it was that such an account had been written. The student excused himself by saying that he had not seen the case, but had gathered from another that I had done exactly what he described. In another example, from some notes on two cases of supra-pubic lithotomy undertaken on the same day (and these were written by an eye witness), I was startled to read in both the accounts this passage: "the peritoneum was then opened." I need hardly say that this statement was pure fiction. I quote these examples to show you that I am not exaggerating; I am sorry to say I could multiply them. Of course you will all agree with me that notes of this kind are infinitely worse than no notes.

Now, how is it that it is so difficult to be accurate? I think accuracy means a careful training of all one's faculties, and this is so often neglected. It is so much easier to let other people think for us than it is to think for ourselves. A medical man who has not acquired the faculty of thinking and interpreting for himself has missed his vocation. I have sometimes heard students remarking on the physical signs of a chest that such and such parts are dull on percussion or that there was a cardiac murmur heard at a certain part of the chest because Dr. B. had said so and not because the speaker had appreciated the differences of sound. You must learn to appreciate these things for yourselves by trying to test them by your ideal normal standard; and until you have actually heard, seen, or felt them these things cannot be said to exist as far as you are concerned. The eye only can see what it brings with it the power of seeing. When you first look down a microscope everything looks indistinct, a mass of pretty colouring; then after training certain details are observed—nuclei, nucleoli, fibres, cells, &c. After carefully studying the detailed structure of an organ you can recognise it the next time you see it; then, knowing the different elements of which it is composed, you can recognise if it is a specimen of a healthy organ or if the organ is in any way diseased. The trained eye is able to see endless minute differences where the untrained eye discerns nothing. Things look very hazy and indistinct in the first grey of the early morning; every day of your lives adds some new facts, some new observations, and each day brings you nearer the brightening sunshine of a more extended knowledge, until some of you may be fortunate enough to realise the lofty ideal of Professor Huxley: "Education promotes morality and refinement by teaching men to discipline themselves, and by leading them to see that the highest, as it is the only permanent, content is to be attained, not by grovelling in the rank and steaming valleys of sense, but by continually striving to those high peaks, where, resting in eternal calm, reason discovers the undefined bright ideal of the highest good—a cloud by day, a pillar of fire by night." We do not all see the same differentiations of colour or appreciate the varieties of taste, smell, or touch, or hear to the same extent the infinite variety of musical expression; and it is only by cultivating our senses that they can be improved. About a year ago, at the Ida Hospital there were some very offensive smells. Everybody thought there must be something wrong with the drains, until the resident, Mr. Wilks, discovered a horribly offensive fungus. I requested him to bring some specimens to the infirmary weekly board meeting, and I was very much interested to hear what the different members would say. The first to examine it said "that it did not smell at all"; the second, "that it was not so bad"; but all the other members agreed with me that it was horribly offensive and quite accounted for the bad smells. I mention this as an example of differences of opinion about a fact as to whether something was or was not offensive and to illustrate that we do not all appreciate sensations to the same extent. You are all of you familiar with the curious phenomenon of colour-blindness; but there is a much more common, and not so easily detected, form of blindness which has received the name of "intellectual blindness." We all suffer from it more or less; some to such an extent as to be almost like unto an ancient description of some heathen gods, "who have eyes and see not, ears and hear not, noses have they and they smell not." You have all of you been struck with the fact that there are certain things we see every day, yet all at once we discover something in them we have never noticed before. I venture to predict that, if I gave all of you a piece of paper and asked you to write down the exact figures as they appear on the face of your watches, not one-tenth of you would put them down accurately—i.e., of course, if you have not already tried the experiment—and yet all of you have seen your watch-faces several hundreds of times. Or if you like to make the experiment of getting half a dozen eye-witnesses to describe something they have seen it is more than probable we should find very marked differences in their descriptions. I think you will agree with me that some of the descriptions in the daily papers bear out this contention. You often have your mistakes pointed out to you before you are conscious of their existence. You must have very clear ideas of the anatomy and physiology of a human being in a healthy condition before you can become accurate observers of disease. This knowledge can only be obtained by diligent work in your dissecting-rooms and laboratories; there is no royal road to it. Do not forget that you are all disciples of William Harvey, John Hunter, and Charles Darwin.

To sum up in one short sentence. Your observations will consist in comparing your ideal standard of the normal with any conditions you consider to be aberrations from that type. Then, having made your observations, the next thing you have to learn is to arrange them in their proper proportional perspective and to rightly interpret their true significance. Given certain altered conditions, how have they been produced? What have been their antecedents? Professor Huxley has called the interpretation of these facts "retrospective prophecy." In his book called "Science and Culture" there is an interesting address entitled, "After the Method of Zadig: Retrospective Prophecy as a Function of Science"; and as this method is one which you as students will largely adopt I will venture to read to you the story of Zadig. It is very doubtful where this philosopher lived. Babylon claims him; but he appears to have forsaken this city to live on the banks of the Euphrates, where he could be alone with nature to investigate and unravel her mysteries.

The story is briefly this:—The chief eunuch having been sent in search of the Queen's dog, which had been lost, met Zadig, who had seen the markings on the sand left by the straying animal, and from this was able to give almost an exact description of its appearance. Later on the grand huntsman came the same way looking for one of the king's horses which had been lost, and Zadig, having noticed the marks on the sand and the disturbances amongst some trees through which the animal had passed, was able in like manner to describe it. As neither of the animals could be found Zadig was accused of having stolen them; he was taken prisoner and brought before the court and sentenced to transportation. No sooner was the sentence passed than the missing animals were found, so the judges had to reverse their sentence, but fined him 400 ounces of gold for saying he had seen that which he had not seen. After paying the fine he explained to the court how he had been able so exactly to describe the animals; from this his fame spread widely. The king commanded that the gold should be returned to him; this was done, but 398 ounces were retained by the court for legal expenses, &c.

You will be saying, But, after all, this method is only applied common-sense; but let me tell you that it is a very great advance on certain other methods which have been adopted by the so-called wise men through the ages. It is not so long ago that witches were burned because the death of some pigs was thought to be due to witchcraft. Nowadays, probably, the cause of death would appear in the death certificate of those pigs as swine fever; and many of the so-called haunted houses, by the method of Zadig, have been proved to be haunted, not by the ghosts of the departed, but by bad drains. Children often adopt, quite unconsciously, the method of Zadig. I had a good illustration of this last Sunday, and I must tell you about it. Talking to a blind

child in the children's ward. I asked her if she knew who I was. She said at once, "Yes, the doctor." I asked her how she knew that. She answered again, "Oh, nurse always says 'hush' when the doctors come into the wards."

Now, gentlemen, if you really enter into the true spirit of medical work you will very soon train yourselves to be accurate observers, and from observing human beings you will soon be tempted to investigate and delight in other natural phenomena, to find out your own proper place in this great cosmic system, of which you are only a unit or microcosm. There is no doubt that a true student of nature has provided himself with endless sources of amusement and happiness. Some of you may remember the lines of Longfellow on the fiftieth birthday of the great naturalist Agassiz:—

"And Nature, the old nurse, took
The child upon her knee,
Saying, 'Here is a story book
Thy Father has written for thee.'

"And he wandered away and away,
With Nature, the dear old nurse,
Who sang to him night and day
The rhymes of the universe.

"And whenever the way seemed long,
Or his heart began to fail,
She would sing a more wonderful song,
Or tell a more marvellous tale."

And this is the heritage of all honest students of medicine who have built up their life's work on accurate observation.

A Clinical Lecture

ON

A CASE OF SO-CALLED CONCUSSION OF THE BRAIN FOLLOWED BY ACUTE MANIA.

Delivered at St. Mary's Hospital on Nov. 4th,

BY HERBERT W. PAGE, M.A., M.C. CANTAB.,
SURGEON TO THE HOSPITAL.

(From Shorthand Notes.)

GENTLEMEN,—Rather more than a year ago I delivered a clinical lecture, which was afterwards published in THE LANCET,[1] on "A Case of Head Injury," which I had chosen as the subject in order to discuss with you the question whether, in that particular instance, we had done wrongly or rightly in not using the trephine. The case was one of unusual interest, for soon after admission to hospital with symptoms of severe concussion, due to the man having been thrown violently and struck upon his right frontal eminence, there came on such symptoms—paralysis on one side and inequality of pupils—as to raise the all-important question whether relief could be given by operative means. As far as we were able to tell the man had in all probability sustained a fracture of the base; but, notwithstanding the fact that the symptoms which I have mentioned arose, we came to the conclusion that no good could follow the use of the trephine; and when he was dead we had the opportunity of seeing that, as we had suspected, there was a hæmorrhage into a part of the brain quite out of reach of any instrument the surgeon could safely use. It was clear, therefore, that in that instance no good whatever could have followed the resort to operation, and our practice was fully justified by the post-mortem revelations. To-day I wish you to consider with me the same question once again, though from a totally different point of view, in connexion with another case of head injury, for I am not at all clear in my own mind that we have not now been wrong in abstaining, as we have abstained, from operation. Three weeks ago to-day a youth eighteen years of age was thrown from a swing-boat—a somewhat wretched form of amusement—and alighted upon his head. So deeply unconscious was he when he was picked up that the bystanders thought he was dead, and it was not until the next day—that is, three weeks ago to-morrow—that, having rallied somewhat from the profound state of insensibility in which he had been and having again become warm, he was brought to St. Mary's Hospital. There were at that time many indications of his having received a severe concussion of the brain; he was not absolutely unconscious, but sounds, movements, and touch made but small impression upon him. There was no indication of any one-sided lesion of the brain; his pupils were equal, but his pulse was slow—about fifty in the minute. From the manner of his fall we thought that, in all probability, he had been struck upon the back of the head, and just about the centre of the posterior margin of the right parietal bone there was distinct evidence of bruising of the scalp. No displacement or injury of bone, however, was to be felt, and although we carefully looked for some indication of localised cerebral injury none was to be found. The case was, therefore, regarded as one of unusually severe concussion, the symptoms of which we hoped would presently subside. You know, I dare say, what we mean when we speak of "concussion of the brain." The term is not used to signify any specific lesion of the brain, but rather to convey the impression of a general condition and of a series of symptoms which in their combination are due to a severe blow upon the head. In many respects the symptoms are like those of severe collapse from any other cause. Mental processes are annulled for the time by the direct effect which the blow has had upon the brain; but, as in shock from other causes, a profound effect is likewise produced upon the whole circulatory system, whereby as a consequence the brain is insufficiently supplied with blood upon which of course its activity depends. In a vast number of cases, as you know, the symptoms gradually subside and recovery is perfect; but there are, of course, graver degrees of concussion from which a patient may never perfectly recover. I have said that the word "concussion" does not indicate any one special lesion of the brain; but we know as a matter of fact that in all cases with the symptoms of severe concussion which end fatally one almost invariably finds that the brain substance has been bruised. There may be a large bruise in one or two places or there may be many minute petechial hæmorrhages. You know also, I dare say, that there are differences of opinion as to the *rôle* which these bruises play in the causation of the symptoms of concussion. While some attribute to them a prime influence, there are others who hold that it is the shake of the whole brain mass rather than the accidental concomitant hæmorrhages, which in reality produces the symptoms of concussion. To this opinion I am myself inclined; but an even more attractive theory has been propounded in recent years to account for the origination of the symptoms of concussion after injury to the head. To M. Duret we owe the doctrine that sudden and forcible displacement of the cerebro-spinal fluid is the chief factor in producing the hæmorrhages and the symptoms of concussion after severe blows upon the head; and more recently Dr. Alexander Miles of Edinburgh, by a series of experiments in which he brought about either rapid withdrawal of cerebro-spinal fluid from the cranial cavity or forcible and great increase of it, has confirmed and advanced the views of M. Duret by showing that the sudden displacement of cerebro-spinal fluid, such as occurs from falls or blows on the head, may itself be a cause of the hæmorrhages which are likely to be found in various parts of the brain. He has shown, moreover, that lesions at the basal parts of the brain may be thus caused by the rush of the displaced fluid from the larger to the smaller ventricles, and we know ourselves how common it is to find minute hæmorrhages in excessive number in the base of the brain in fatal cases of concussion, even though the direction of the force has not seemed to bear specially upon that part of the cerebral mass. I need not, however, say anything more as to the mechanism of brain injuries in severe cases of concussion, and will only refer you to Dr. Miles' valuable paper in *Brain*,[2] where you will find the record of his experiments and the grounds on which he is led to support and confirm the theory of M. Duret that an important part is played by the cerebro-spinal fluid in the mechanism of cerebral concussion and other forms of cerebral trauma. As to the existence of some interstitial cerebral hæmorrhage in nearly all fatal cases of concussion of the brain there can be no question, and we know moreover that surface hæmorrhages also are very commonly found. Let us return for a moment to this patient of our own. He did not rally or become conscious in the way we had expected. No one-sided symptoms developed, but the continued slowness of his pulse showed that there had been a profound impression on the medulla region at the base of the brain. At no time has there been an appearance of any one of the classical indications for the use of the trephine—neither spasm nor

[1] THE LANCET, Aug. 20th, 1892.

[2] Vol. xv., p. 153.

palsy of face or limb, nor any inequality in the size of the pupils. His mental obfuscation has certainly become less than it was, and he has responded more readily to auditory and visual impressions, he has sat up to take his food, and has groaned when spoken to; but notwithstanding these signs of improvement he has had such repeated attacks of maniacal excitement that first of all, as you know, it was necessary to remove him to the isolation ward and yesterday to send him to the asylum as being unquestionably insane. It is from this point of view that I ask the pertinent question whether we should not have done very much better if we had explored at that part of the skull where bruising of the scalp suggested that surface injury, probably, had been most severe. True, there were no indications of local intracranial injury; but who knows that we might not have found some serious removable lesion when the trephine had made an opening through the skull? For many years past the evidence has been accumulating that various forms of insanity have had their beginning in injury to the head; not alone such forms as the mania of this patient, but every degree of mental impairment, from simple loss of memory to persistent irritability of temper, to delusion, homicidal tendencies, and recurring mania. Here, of course, I have no experience of my own on which to draw, and I can only speak from knowledge gained by reading. And this also I seem to have learned that mental impairment, be it of whatever form, is more often due to some surface lesion than to any bruising or damage to the central parts of the brain itself; and it has been suggested by M. Duret, to whose views of cerebral concussion I have already referred you, that the effect upon the brain, when mental impairment comes, is due to reflex vaso-motor disturbance of its vessels by irritation of the nerves which, from the fifth pair, so richly supply the dura mater. It was one of the first things I was taught when a student in the wards that surface intracranial lesions are very commonly painful, a clinical fact which tends to support the more recent anatomical researches as to the copious nerve-supply which the dura mater enjoys. At any rate, it seems to be true that surface lesions especially dispose to such mental changes and aberrations as are commonly termed "insanity," and it becomes, therefore, an important question whether the surgeon ought not, even though the classical indications for trephining are absent, to resort more frequently to cerebral or cranial exploration after severe injuries to the head when there is a good prospect of recovery from the immediate effects of the accident. One of the remarkable things in connexion with injuries to the skull and the parts beneath it is that the severity of the surface lesion which you can see may be no measure at all of the gravity of the injury in deeper parts which are out of sight. Immediately beneath the wound in the scalp a small linear fracture may alone be visible; but, nevertheless, the inner table of the skull may have been very much broken and depressed. You may remember a case of that kind which we had some time ago. A man fell upon the back of his head and sustained a small scalp wound and an apparently insignificant occipito-parietal fracture beneath it; but his temperature rose and we thought it right to explore the bone, and we found the inner table broken into many fragments, and when the parts had been restored to a natural condition the temperature fell and the man very soon was well. Do not therefore let the outward indications of wrong be the guide which you will follow in estimating the mischief there may be within. Splintering and depression of the inner table are amongst the commonest of unexpected lesions we may find; but other unexpected forms of surface injury are by no means rare—surface hæmorrhages, local injury to membranes, circumscribed collections of blood,—and these things may perhaps in time cause necrosis of bone, glueing of membranes to themselves and to the bones, inflammatory exudations, osteophytic processes, and cysts, any one of which may keep up a continuance of oft-recurring irritation of the dura mater. And if it be true that these are the kinds of lesions which may originate insanity, is there a more important question for the surgeon than the propriety of an exploratory operation for their discovery and prevention when the case of head injury first comes under his care? Three or four years ago we had a case very similar to this one, inasmuch as it was necessary to send the patient to an asylum on account of the maniacal attacks to which he became subject. In that case, although by operating his insanity was not prevented, his life was nevertheless, I believe, saved. He had been struck on the left side of his head by the buffer of an engine—a blow which would have killed any ordinary human being—and was brought here in a state of profound unconsciousness, and I felt pretty sure that there must have been some considerable fracture of the bones. I had little hope of doing any good, but determined to explore. Having turned down a large flap of scalp from the side of the head a gaping horizontal fracture extending the whole length of the skull from before backwards and another fracture running vertically through the petrous bone to the base were seen. There were no displacements to be rectified, but at the lines of fracture there poured out large quantities of blood from within the cranium, and when we thought that he had bled enough the scalp was stitched up, having no expectation that he could live. He soon, however, showed signs of consciousness, and I have sometimes thought that the relief which was given to general intra-cranial pressure by the bleeding which we saw had much to do with the saving of his life and, it may be, with his ultimate recovery from the attacks of mania. Many cases have now been recorded in which there has happily been complete restoration of mental function and power by cranial exploration, and by the discovery and removal of some surface lesion which the character of the original injury had in no wise suggested. Prevention, however, is far better than cure, and ever since this our last patient came into the hospital I have had it on my mind whether we might not have done him good by exploring at the part of his skull where the injury had, in all probability, been sustained. Were he back in the hospital now I almost think it would be right to do so. I am strengthened in this opinion by the study of an excellent thesis for the degree of Doctor of Medicine of the University of Oxford by Dr. Herbert A. Powell, entitled "The Surgical Aspects of Traumatic Insanity." I saw it only yesterday, but the reading of it determined my choosing this case as the subject of my lecture this morning. Dr. Powell has collected evidence which is, to my mind, of the very greatest weight in the direction of the remarks which I have made, and there is, moreover, a table of sixty seven cases of cranial operation in traumatic epilepsy and traumatic insanity. They show how surface lesions predominate and how desirable it is that the surgeon should look for them. Do not go away with the idea that I am advocating exploration in all cases of simple concussion of the brain, but in future instances such as that we have had recently before us I shall certainly feel less hesitation in resorting to it. I can recall cases of long-continued mental impairment after concussion where it is possible that by trephining we might have done some good. The knowledge which I have since acquired tells me that the responsibility of dealing satisfactorily with all such cases rather rests with the surgeon who sees them first than with the physician at the time when unquestionable insanity has been developed. Let me recommend you to read the thesis of Dr. Herbert Powell.

SOME CASES OF MOVABLE KIDNEY.[1]

BY HASTINGS GILFORD, F.R.C.S. ENG.

DURING the last two years I have seen in the course of general practice no less than twenty-five well-marked instances of disorder produced by movable kidney. I have also seen other examples of this affection in which movement of the organ has been so slight or has given rise to so few symptoms as to require no treatment. In three other cases in males symptoms of strangulation or temporary hydronephrosis have been present, but the development and firmness of the muscles of the abdomen have been such as to render satisfactory examination of the kidneys impossible. In six of the above-mentioned twenty-five cases intermittent hydronephrosis constituted one of the symptoms. One was in a girl eleven years of age, who was brought to me by her mother because she had been so frequently sent home from school on account of sudden attacks of pain in the left side of the abdomen accompanied by pallor and vomiting, and in whom I found the left kidney to be movable and hydronephrotic. The mother said that the child had not been well since she had an attack of whooping-cough five years previously, but renal symptoms had first appeared one year before I saw her. In this instance the wearing of a belt had the effect of completely stopping the attacks. In another case a

[1] A paper read before the Reading Pathological Society, Sept. 27th, 1893.

woman fifty-four years of age was subject to hydronephrosis, which on two occasions was of such marked type that she appeared to be in a late stage of pregnancy and respiration was greatly impeded. Perhaps the most interesting instance of all was the following.

CASE 1.—A girl sixteen years of age was first seen by me in February, 1892, when she was suffering from incessant vomiting, with pain and tenderness on the right side of the abdomen. She was born in Ceylon and lived there until 1881, when she accompanied her mother to England. The first part of the voyage was passed without sickness, but while the ship was in the Suez Canal she became violently sick and hysterical, and so continued until she reached Malta, where her mother took her ashore and consulted a medical man as to the advisability of proceeding further. He prescribed an opiate, which checked the vomiting, and enabled her to continue the voyage in comfort. She had had numerous attacks of a similar nature since then, but only five were so severe as to require medical attention. The seizures were always accompanied by hysteria and followed by deep sleep and a ravenous appetite. In answer to a leading question the girl said that she had occasionally noticed that she passed large quantities of pale urine immediately after an attack. There appeared to be no unusual prominence in the kidney region when I first saw her, but there was so much tenderness as to preclude the possibility of making a satisfactory examination. The kidney, however, was found to be movable. I ordered her to wear a belt with a horse-shoe pad, but it afforded her no relief. In the course of its adjustment it was noticed that the right kidney seemed to be unusually large and prominent. On April 11th last she had another severe attack. A tumour of the size of a cocoa-nut was found in the right umbilical and lumbar regions The urine was scanty, of sp. gr. 1023; it contained no albumen. I now thought nephrorrhaphy to be advisable, and Dr. Moody-Ward, who saw her with me, was of the same opinion. Acting upon his suggestion, I first removed a small quantity of the contents with an exploring needle, and withdrew a fluid of sp. gr. 1018, containing blood and a trace of albumen. As the age at which the symptoms first appeared rendered it unlikely that the kidney had been displaced by one of the usual causes of movable kidney, it was thought that it was probably an example of true floating kidney, and that it would be advisable to cut down upon it by an anterior incision. An incision three inches long was therefore made in the right semilunar line, reaching to one inch below the level of the umbilicus. On examining the kidney just before making the incision it was found to be still very large and prominent, but it was anticipated that the first object to come into view in the abdominal cavity would be the colon, and that beneath it would be the kidney and the distended renal pelvis I was consequently surprised to find that a loose voluminous bag of peritoneum was the only object to be seen, until, on pressing it to one side, the ascending colon became visible, running up diagonally from the right iliac fossa towards the left hypochondrium. On exploring this sac from the outside it was found that the kidney could be pushed with the greatest ease into every part of it and could be readily twisted round in such a way as could hardly have failed to have occluded the ureter. The sac, which almost surrounded the kidney, but did not constitute a true mesonephron, was formed principally from the outer layer of the ascending mesocolon. On opening it the kidney was found to be lobulated, but apparently healthy, and the pelvis showed no signs of previous distension. Not a vestige of fat came into view either upon the kidney or behind it, though the loin was examined for the purpose of finding and, if present, of removing it. The capsule was now stripped off the whole of the kidney and the muscles and fascia behind were well scraped. Two thick silk sutures were passed through the entire thickness of the organ half an inch from its inner border, one above and the other below the hilum. Each needle was pushed on through the muscles of the loin until it came out through the skin. This posterior end of the silk was then again threaded, and the needle was pushed through the same opening and made to enter the abdominal cavity close to the outer border of the kidney. The two free ends of each suture were then tied, and the kidney was firmly fixed to the loin. The sutures were in this manner completely buried, but in such a way that it would be easy to cut down upon and remove them should they cause suppuration. The wound was dressed on the ninth day, when it was found to have healed by primary union, and the patient made an uneventful recovery. Four months after the operation the kidney was very prominent, but firmly fixed, and there has been no return of the former symptoms.

In this case the origin of the condition was evidently due to a congenital malformation of the colon, which, in running obliquely from the right iliac fossa to the left hypochondrium, so weakened the support of the kidney as to permit movement of that organ. This movement would in time give rise to twisting or kinking of the ureter, and, hydronephrosis once established, the formation of a peritoneal sac containing a freely moving kidney would soon follow. A similar case of this malformation is recorded by Dr. Hepburn.[2] An example of a slighter degree is also apparently given by Dr. Moxon,[3] in which the colon "formed a renal flexure rather than a hepatic; the ascending colon was short and below the projecting kidney, and with a mesentery three inches wide." Dr. Landon[4] also mentions the case of a woman sixty-six years of age in whom the malformation was more marked, the kidney region being also "destitute of fat." A further instance is given by Mr. Durham,[5] in which the descending colon was much nearer the middle line than usual and entered the pelvis on the right side. The left kidney was movable between three diverging layers of peritoneum, there was scarcely any fat in the lumbar region, and the kidney was remarkably prominent and easily made out. The symptom most frequently present in my cases was flatulent dyspepsia. This in many instances appeared to be due less to the "stretching of sympathetic nerves," to which it has been imputed, than to a relaxed habit of body with or without that excessive tea-drinking which so often accompanies it. In two instances the patients felt the kidneys themselves at times, and each thought it was a "collection of wind" which was dispersed by the pressure of the hand. In four other cases the complaint of a "collection of wind under the heart" first attracted my attention to the kidneys as the organs at fault. In each case I found that the "collection of wind" was really the intermittent hydronephrosis of movable kidney, as in the following case.

CASE 2.—A woman fifty-eight years of age, who consulted me for this complaint, spoke of it as a "throbbing swelling under the heart." She was subject also to attacks of obstinate constipation, which were sometimes readily relieved by aperients and sometimes persisted in spite of all treatment. She had also noticed that when the throbbing was more persistent the constipation was usually worse. I found that she had a movable left kidney, which apparently sometimes became displaced in front of the aorta so as to communicate its pulsations, and at the same time so pressed on the colon as to obstruct the passage of its contents. This is the only one of my cases in which there is any evidence of constipation having been produced by the direct pressure of a movable kidney. Dr. Landon thinks it an "improbable assumption" that a kidney can so press on the colon as to cause constipation, but Rollet relates a case in which he diagnosed this condition, and one is on record in which intestinal obstruction was set up by this cause.[6] In most of the cases I have seen constipation was present as a symptom, but it appeared to be due to the same cause which produced the movement of the kidney and not to the kidney itself. This I believe to be relaxation of tissue, producing flaccidity of the abdominal walls and movable kidney, on the one hand, and want of tone with consequent inaction of the intestines, on the other. The subjects of movable kidney appear to be frequently flabby both in mind and in body, and are subject to hysteria, pendulous abdomen, pulsating aorta, and uterine displacements. Dr. Edebohls[7] says that a kidney which is freely movable is less likely to give rise to symptoms than one which is only slightly movable. In one of my cases a kidney which had the greatest range of movement of any of which I have had experience was yet absolutely without symptoms. It occurred in the person of the husband of the patient just mentioned.

CASE 3.—A man sixty-seven years of age, whose abdominal walls were so flaccid and wasted that the kidneys could be examined with the greatest ease, informed me that the medical men whom he had previously consulted had told him that he had a movable kidney. On examination I found the right

[2] Journal of Anatomy and Physiology, p. 178.
[3] Transactions of the Pathological Society of London, vol. xxvii., p. 470.
[4] Transactions of the New Sydenham Society, p. 250.
[5] Guy's Hospital Reports, third series, vol. vi., p. 433.
[6] Medical and Surgical Reports, Philadelphia, 1879, p. 02.
[7] American Journal of the Medical Sciences, March, 1893.

kidney to be so movable that it could be shifted into any part of the same side of the abdomen, and for two or three inches to the left; while its size and shape could be ascertained almost as readily as if it were outside the body. Though he had noticed it for many years it had never caused him any trouble whatever. It could be twisted round on its antero-posterior axis, or squeezed between the fingers with considerable force, without giving rise to the slightest unpleasant sensation. The kidney was evidently absent from the right loin, while on the other side it was not only situated in its usual place, but appeared to be larger and more readily felt than usual, and on pressure a sickening sensation was produced. I could account for this at the time only on the supposition that I had to deal with a true floating kidney, and that it was associated with another congenital condition in the form of cystic disease, the cystic kidney being of an unusually small size; but a specimen sent to the museum of the Reading Pathological Society by Mr. Baines of Henley shows that there is another explanation, which is perhaps more probable. His patient, who was fifty-three years of age, had a movable kidney of apparently normal size and shape, which had "never caused her the slightest pain or inconvenience," yet after death it was found that "the kidney structure had entirely disappeared, but in its place there was a sacculated cavity. The pelvis of the kidney was occupied by a calculus weighing four drachms." The left kidney was large and congested.[8] A curious circumstance in connexion with my patient was told me by his wife, herself, as stated above, the subject of movable kidney. It appeared that at times, when she was kept awake at night by the throbbing of the lump in her side, she would call her husband's attention to it, and he in turn would request her to feel his, but the symptoms in each case were so different that it never occurred to them that they were both the subjects of a similar affection.

In the treatment of movable kidney I have found a well-fitting abdominal belt to be more satisfactory, as a rule, when used by itself than in conjunction with a horseshoe pad; but if the pad be flat and not thick, and of a size to cover one half of the abdomen, it sometimes adds to the effect of the belt. I learnt this hint from a patient who had left movable kidney, and who had experienced such comfort from a pad of this description that she had worn it constantly for nearly twenty years, though she was quite unaware of the nature of her complaint. When it is remembered that the kidney is a deep-seated organ, and that it is situated behind a portion of the intestine, it is obvious that it will require no light direct pressure to keep it in place, and that if the kidney becomes displaced from under the pad the displacement will not only tend to become greater but the pain will be aggravated by the pressure. Moreover, there will be a risk of such pressure so occluding the intestines as to cause constipation or even intestinal obstruction. As a matter of fact, when a patient is walking, the action of the abdominal muscles will not permit of constipation being produced in this way, though I have noticed in many cases that it may be sufficient to increase the pain; but when the patient is lying quietly in bed actual obstruction may occur from this cause, as I have witnessed. In the first case in which I performed nephrorrhaphy I used a large pad of three folded towels after the operation as a support to the kidney in front. Five days after the operation, as the bowels had not acted and the patient had a desire that they should act, I ordered an enema to be given; but, though griping was felt, nothing was passed except a few small nodules which had probably collected in the large intestine prior to the operation. White mixture was therefore given every two hours for twelve hours, but without result, except to aggravate the griping and the desire for defecation. I thought it possible that the patient was unable to relieve herself while in a recumbent position and had her placed in a night-chair, but again without effect. She then began to vomit, and it occurred to me that the abdominal pad was the origin of the trouble. I therefore removed it, with the result that in a few minutes the bowels acted freely and were relieved five times during the next three hours. I left off the pad, and from that time she had no further trouble with constipation. In five of the twenty-five cases nephrorrhaphy was performed, and in two of them both kidneys were operated upon. In three other cases it will probably be ultimately required, for no other treatment gives relief, and the symptoms tend to increase rather than to diminish in severity. The results of operation have been all that could be desired. One case has already been mentioned; another patient, a woman who had been incapacitated from doing any household work and reduced to a condition of chronic invalidism, was restored by the operation to full health and enjoyment of life. In a third the result of operation appeared at first to be disappointing in the extreme; the following is a short account of this case.

CASE 4.—The patient was a woman twenty-eight years of age who had borne eight children. Her symptoms first appeared after the birth of her second child, nine years ago, but they did not trouble her much until her seventh child was born in September, 1891. She then suffered from irritability of the bladder and aching or stabbing pain in the left loin, which caused a feeling of sickness or faintness when she attempted to do her work. I found that both kidneys were movable, but though the right had a much wider range of movement than the left it apparently gave rise to no symptoms whatever, all the pain being referred to the left loin and thigh. After persevering with different forms of pads and belts, with the only effect of increasing the pain, I fixed the left kidney by operation on Feb. 19th last. After she began to walk again I was disappointed to find that her symptoms were as bad as, or even worse than, before, and three months afterwards I showed her at a meeting of the Reading Pathological Society as a case of movable kidney with disabling symptoms totally unrelieved by operation. I noticed, however, that after she had been examined by several of those present, pain in the left side was greatly increased, although the right kidney had received by far the greater share of attention. It was subsequently found that whenever the right kidney was manipulated the pain was increased on the left side, while very little discomfort was felt on the right. This fact was pointed out to the patient, together with the inference to be drawn from it, and she accordingly requested me to operate on the right kidney also, if I thought it advisable. This was done on June 20th, with the result that all pain and uneasiness disappeared from the left side from the date of operation. Aching was present low down in the right lumbar region anteriorly for a few weeks afterwards, but it gradually left her, and she has greatly improved in general health "and is able to do almost anything."

CASE 5.—A woman aged fifty-four suffered for eight years from occasional attacks of epigastric pain and vomiting, blood being present in the vomit on one occasion only. There were also progressive emaciation, irritability of the bladder, pain in the right loin and thigh, and a tendency to obstinate constipation. She then came under the care of Mr. Key, who asked me to see her. A nodule could be indistinctly detected in the right epigastrium, but the stomach did not appear to be dilated, nor was food ever vomited in large amount; tenderness and rigidity were, however, so pronounced that we thought it advisable to complete our examination with the patient under chloroform. The nodule then resolved itself into a movable right kidney, which could be slipped down into the groin, leaving a small nodule still distinguishable in the epigastrium. After waiting a fortnight, in the vain hope of getting the patient into a better condition, the right kidney was cut down upon by an anterior incision and fixed, as in Case 1, the hand being first introduced through the opening, and our diagnosis of gastric ulcer was confirmed. The wound healed by first intention, vomiting ceased from the time of operation, and the patient gradually improved until a month afterwards, when, on going downstairs, pain and vomiting recurred. It then became advisable to excise the ulcer of the pylorus, with a result upon which it is as yet too early to pronounce.

In operating on ordinary cases of movable kidney I first form a new bed by removing the fat from the usual kidney site in the loin and then strip off the greater part of the capsule and fix the kidney to the loin by means of two stout silk sutures passed deeply through its substance. These are brought out between the lips of the incision and passed round a piece of glass rod placed across the wound. In this way a firm grasp is taken of the kidney, the sutures do not break through its fragile substance, and the necessity for a front support does not arise. Primary union is obtained, and the sutures are removed partly on the tenth and partly on the fourteenth day. No opiate is given, and the bowels are moved by an enema on the fourth day. Much attention has of late been given to the subject of movable kidney—for example, in the papers contributed by Mr. Lucas[9] and by Mr. Henry Morris.[10]

[8] Brit. Med. Jour., June 13th, 1883.

[9] Ibid., vol. ii. 1891, p. 1343.

[10] THE LANCET, June 17th, 1893.

who write from the point of view of the consulting surgeon. In dealing with the subject from the standpoint of the general practitioner I can endorse the impression that is now gaining ground—i.e., that it is much more common than has hitherto been supposed. I find it to be among women perhaps the commonest affection, with the exception of dyspepsia, to which they are liable. If those cases in which movable kidney gives rise to no symptoms are included, it is, in my experience, the commonest affection of all; but I can say nothing statistically upon its prevalence, for I seldom examine for it unless the symptoms are suggestive of its presence.

Reading.

TWO CASES OF UTERUS SEPTUS, AND THE EFFECTS OF THIS CONDITION UPON LABOUR.

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CASE 1.—A married woman aged thirty-seven was confined on Feb. 14th, 1891, at the General Lying-in Hospital. Labour was natural, the child was living, and the placenta was expressed without difficulty. Fifteen minutes after delivery I was asked to see her on account of continued hæmorrhage and collapse, coming on after expression of the placenta. On putting the hand on the abdomen I was at once struck by the peculiar shape of the uterus, the right half being much larger and reaching at least three inches higher in the abdomen than the left, and the fundus having a marked antero-posterior depression. On vaginal examination the finger impinged upon a median antero-posterior septum extending from within one inch of the os externum to the fundus. On the right side of this septum two fingers passed easily into a large cavity, from which some adherent membranes were removed; the placental site was examined, and was found to be situated partly upon the septum. On the left side the finger passed with difficulty into a long narrow cavity lined by thick soft decidual membrane, of which quite a handful was peeled off with the finger. There was no vaginal septum. The hæmorrhage ceased after the removal of the decidua, and the patient made a good recovery. For permission to use the notes of this case I am indebted to Dr. G. E. Herman.

CASE 2.—The patient was a married woman aged thirty-six. I was asked by Mr. Sutcliffe of Clapham to see this case. Labour having been very prolonged, he was called in to see her, applied the forceps, and extracted a living child with great difficulty; no abnormality had been noticed during the application of the forceps. Afterwards the uterus remained enlarged, and the temperature became high, varying between 103° and 100° F. until the sixteenth day after her confinement, when I saw her for the first time. At this time the fundus uteri was situated two inches above the level of the umbilicus, the left side extending much higher than the right, and there was a distinct antero-posterior depression at the fundus in the middle line. On examination, the finger passed within the os uteri and impinged upon the firm edge of an antero-posterior septum at the level of the internal os uteri, which extended to the fundus. There was no trace of a vaginal septum. On passing the whole hand into the vagina the finger could be introduced on the left side of the septum into a cavity two inches and a half in length, whose walls were rough; the placental site was found to be in this cavity and situated at the fundus, but no débris or clots remained. The finger was then withdrawn and passed with great difficulty on the right side of the septum into a cavity two inches long; this was found to be lined with soft decomposing decidua, which was peeled off with the finger. There was a very offensive discharge. Both cavities were washed out with iodine solution, and the patient recovered completely but slowly.

Remarks.—The first patient had had two children and one miscarriage; the second had had six children and one miscarriage. Neither had given birth to twins, nor had anything abnormal been detected in their previous labours, although the first patient had always been confined in the hospital. On examination of the literature relating to this abnormality, after excluding doubtful cases and those of uterus bicornis, I can find only thirteen cases in which an account of the labour is given. Of these five died—viz., two from peritonitis due to decomposition of retained decidua in the unimpregnated half of the uterus, one from septic peritonitis, one from rupture of the uterus, and the fifth died undelivered, owing to the small size of the os uteri of the impregnated half. In four cases the placenta was retained and adherent, but recovery occurred, although one suffered from peritonitis. In two frequent abortion occurred, with menstruation during pregnancy in one of these; and abortion occurring on one side, with pregnancy going on to term in the other half of the uterus, at another time. This is the only case in which twin pregnancy is recorded. In the remaining two cases labour was always normal, although pregnancy occurred seven times in one and five times in the other. A vaginal septum was present in two cases only out of the thirteen. From this record it will be seen that the chief danger arising in connexion with this malformation is that which was present in the two cases above recorded—namely, the retention of decidua in the unimpregnated half of the uterus and the resulting risk of decomposition and septic peritonitis. Next to this comes retention of the placenta and consequent post-partum hæmorrhage. It is curious that twin pregnancy should be so uncommon, and likewise abortion. Labour is not unusually prolonged as a rule. In one case menstruation was shown to occur from both sides of the uterus simultaneously. The rarity of the existence of a vaginal septum is also noteworthy.

The Chase, S.W.

GASTROSTOMY IN ONE STAGE.

BY F. T. PAUL, F.R.C.S.,

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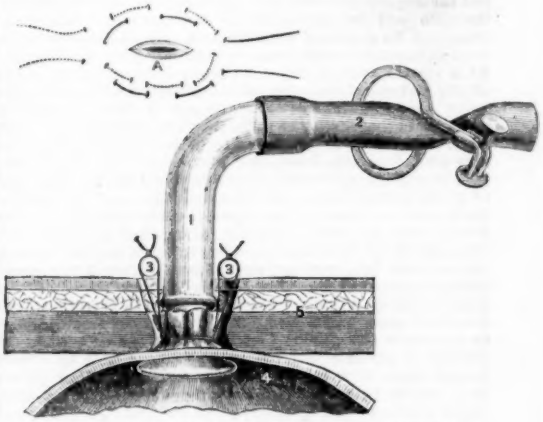
THE history of the operation of gastrostomy is clearly divided into two eras, that before and that since the practice advocated by Howse of undertaking the procedure in two stages. Previously the mortality was almost prohibitory; subsequently it has been greatly reduced, and is now variously estimated at from 30 to 70 per cent., the correct mean probably approaching to something like 50 per cent. for all operators. The reason that the mortality still remains so high is undoubtedly the late stage of the disease at which the operation is put into practice, for the simple exposure and attachment of the stomach to an abdominal wound would



A, Method of passing the ligatures in the stomach. 1, Glass tube. 2, Rubber tube with clip. 3, 3, Sectional view of glass rods over which the ligatures are tied. 4, Interior of the stomach. 5, Abdominal wall.

very rarely be fatal in a healthy subject. Jacobson, giving his own experience of nine cases in 1891, says that "in three patients the operation was asked for too late." Treves says: "One thing is certain, and that is, the operation is usually carried out too late." All surgeons of any experience in this matter say the same, and yet the prospect of systematically operating earlier in the disease seems to be remote, as this

method of treatment is neither encouraged by physicians nor readily approved of by patients except as a "forlorn hope."

Under these circumstances I beg to recommend the following method of opening the stomach at one operation with power to feed the patient at once. The proceeding is very simple. The preliminary stages of the operation are conducted as usual, but when the stomach is picked up a portion of it is drawn out of the wound, and two running sutures of fairly stout silk are passed in a circle round the site of the intended opening (A) with their ends in opposite directions, care being taken not to include the mucous membrane. The opening is then made, and, each side of it being grasped with artery forceps, one of my small ($\frac{3}{8}$ in.) intestinal glass drainage-tubes is inserted, and the ligatures are drawn tight and tied. The exposed part of the stomach is now washed and returned into the abdomen, the external wound drawn together with fishing-gut sutures, and the ends of the stomach ligatures tied over two glass rods (3, 3) crossing the wound, in order that the stomach may be kept in close contact with the peritoneal surface of the abdominal wall. The wound is then powdered with iodoform, dressed with cyanide gauze and salicylic wool, and a bandage applied, a piece of jaconet being placed outside over the dressings to preserve them from becoming soiled. The experience of many bowel cases has shown me that these tubes separate between the third and the seventh days; therefore, from the moment of the completion of the operation to the third day the administration of food or washing out the stomach may be carried on with impunity. On the morning of the third day the wound should be dressed, and from this time until the tube separates, and it is clear that good adhesions have formed, discretion should be exercised as to the amount of food given and the care with which it is administered. If one may judge by analogy, experience with the colon and with one case of gastrostomy seems to show that when the tube separates the surrounding adhesions are sound and strong, and the fistulous opening is safe and efficient. The operation employed in this way is rapid and easy. The original wound may be much smaller than that usually recommended for gastrostomy, and the early stages of repair are conducted under such absolutely safe conditions as regards leakage that the personal supervision of the surgeon is quite unnecessary, a matter of considerable importance in private practice. In colotomy, especially, cases must often be left in the entire charge of the practitioner, who probably has no desire to be responsible for completing the final stage of the operation by himself a few days later. With the glass tube ligatured into the sigmoid or cæcum I have so left cases without seeing them again, and in no instance has the practitioner had the least cause for anxiety.

The details of the only case of gastrostomy in which I have had the opportunity of using the tube may be very shortly given. They indicate that its use is as safe in the stomach as in the bowel, but this particular case proved to be a peculiarly unfortunate one to have selected for the operation, as the growth had already crept from the cardiac to the pyloric end of the stomach and blocked both orifices. The man who was the subject of the operation was under the care of Mr. J. H. Evans of Waterloo, with whom and with Dr. Glynn I saw him in consultation. He had malignant stricture of the œsophagus at the cardiac orifice of the stomach, by which the latter was rendered almost impervious, and he was suffering intensely from deprivation of food and from thirst. He had seen several consulting physicians in London, Edinburgh, and elsewhere, and the general advice had been to leave things alone until the symptoms became urgent. This was certainly the case at that time. I tried on two occasions to pass a bougie. Both attempts were unsuccessful, though the second one was thorough and prolonged, and was borne by the patient with marked patience and fortitude. He now willingly accepted the prospect offered by gastrostomy, and being almost *in extremis* and most urgently in need of immediate relief I deemed it to be a suitable case in which to employ the above-suggested plan of performing the operation in one stage. It was carried out exactly on the lines indicated without hitch or difficulty of any kind, and when the patient was put back to bed his condition had scarcely altered for the worse. As soon as the clip on the rubber tube was removed with the intention of passing a little peptonised milk-and-brandy into his stomach there escaped nearly a pint of foul, thin, yellow fluid, containing about fifty almost unaltered dried currants. The organ was therefore washed out with warm water before introducing the nourishment. The introduction of fluid into the stomach was effected by simply attaching a funnel to the free end of the rubber tube. We found on inquiry that the last possible occasion on which currants could have been swallowed was at least six or seven weeks previously; it was therefore evident that they had been retained in the stomach ever since and that the growth must long ago have extended along the lesser curvature and blocked the pylorus. The subsequent course of the case corroborated this view, for many more currants were washed out, and though we were able to and did inject a sufficient quantity of fluid food, apparently very little was absorbed in the presence of the foul cancerous discharge. The thirst continued, the emaciation rapidly progressed, and the patient died from starvation without any febrile disturbance and without any sign of abdominal pain five days after the operation. In the meantime the tube held perfectly for three days and a half, when, as fluid began to escape beside it, I removed it; but good adhesions had formed and the fistulous opening was safe for use. During the last two days of his life we washed out the stomach and injected the food through the opening as easily as before, though unfortunately he derived no more benefit from it. It was not possible to make a post-mortem examination; but it was quite clear that, though the operation did not relieve the symptoms, it was perfectly successful in establishing a fistulous communication with the stomach in a most unpromising subject, and though the operation might be held responsible for not keeping the patient alive, it certainly was not responsible for his death. Had he lived longer I should have discovered whether a fistula produced in this way was likely to prove unduly large; but my belief is that, owing to the smaller surface of stomach exposed at the bottom of the wound and the more complete closure of the external wound, the fistula has greater opportunities of contracting and is less likely to form a patulous opening than is the case with Howse's method. At the same time, if advisable, a metal tube of very small diameter could be used, which would give as narrow a fistula as could be desired.

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A CASE OF

PERITONITIS WITH EFFUSION TREATED BY LAPAROTOMY.

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THE surgical treatment of abdominal tuberculosis in children has recently evoked so much discussion both at home and abroad that the present case may be read with interest by all who have to treat these troublesome and dangerous cases. I am indebted to my house surgeon (Mr. C. J. Harrison) and to Mr. Brightman, the medical officer at the Victoria Convalescent Home, Broadstairs, for the notes of the case.

A boy fourteen years of age was admitted into the Victoria Hospital for Children, Chelsea, under the care of Dr. Dawtrey Drewitt on June 26th last. For a month he had been wasting, and for the fortnight preceding his admission he had been obliged to stay away from his work. He had suffered for three weeks from diarrhœa, and for a fortnight he had complained of a cough and of night sweats. His abdomen had been swelling for a week before his admission, and he had vomited twice. The patient was an anæmic and emaciated lad, with a uniformly distended abdomen, the skin being stretched and shiny. The umbilicus was flattened, and for an inch round it there was a bright-red blush as though an abscess were pointing. There was a similar patch of redness midway between the umbilicus and the ensiform cartilage; this patch felt œdematous and appeared to communicate with the one lower down. The abdominal walls were so rigid that nothing could be felt through them. The flanks were resonant, but a distinct thrill could be transmitted from one side of the abdomen to the other. The lungs appeared to be healthy, and the urine was free from albumen. The temperature was 105° F., the pulse being 120. On the day after his admission (June 27th) an incision was made in the middle line of the abdomen halfway between the umbilicus and the ensiform cartilage, from which two pints of a dark yellowish-red fluid escaped. This fluid coagulated spontaneously into a thick jelly-like

mass about five minutes after its removal. It became almost solid on boiling; microscopically it was found to be free from pus corpuscles. The wound was closed and dressed with cyanide gauze. The patient bore the operation well, and his temperature began to fall steadily and continuously until it became normal. The wound healed by first intention, and on July 12th, fourteen days after the operation, he was sent to our convalescent home at Broadstairs, where he continued in good health until Sept. 5th. He then complained of pain in his right side and of a troublesome cough. Physical examination showed that the chest movements on the right side were diminished, and that there was a distinct friction sound. On the next day neither breath sounds nor vocal resonance could be detected upon this side, and the chest was absolutely dull. There was some dyspnœa on Sept. 8th, therefore Mr. Brightman aspirated the chest below the angle of the scapula until the patient began to cough. Two pints of clear fluid containing some flakes of lymph were drawn off, to the evident relief of the patient. As there was still some dulness with slight dyspnœa on the 17th, the chest was again aspirated, and a pint of clear fluid was withdrawn. The operation of paracentesis was again performed on the 27th, when the fluid was found to be slightly greenish in colour, but not at all purulent. On Oct. 7th it was noted that there was absence of vocal fremitus on the right side, with dulness on percussion, faint breath sounds, and impairment of vocal resonance. On Nov. 12th the physical signs had materially improved, and the temperature had been normal since Oct. 31st. He returned to London at the end of November. I saw him on Nov. 30th and again on Dec. 14th, and found that he was in excellent condition, except for evidence that his right pleura was thickened. His abdomen appeared to be perfectly sound. There was no positive evidence of tubercle in this case; but, considering the character of the peritonitis and of the pleurisy, I have but little hesitation in assuming that the effusions were tuberculous in origin.

Remarks.—This case presents many points of surgical as well as of purely scientific interest. Thus the external appearances were distinctly misleading, for they all pointed to a purulent effusion into the abdomen, when in reality the peritonitis was of an acute plastic type. The spontaneous coagulation of the fluid shortly after its removal from the body was in accord with all that is known of the behaviour of the secretions of acutely inflamed serous membranes. The withdrawal of a fluid with so great a tendency to clot must necessarily have been productive of benefit to the patient by freeing him from much of the material likely to produce bands of adhesion with their attendant evil effects.

Why a simple incision into the abdomen and the evacuation of its contained fluid sometimes lead to a permanent cure in cases of peritoneal effusion cannot be satisfactorily explained. The experiments of Kischenski in Russia and of Bumm in Germany seem to afford a clue to the *rationale* of the process. Kischenski[1] produced tuberculous peritonitis artificially in rabbits and guinea-pigs. He then performed laparotomy. On killing the animals five or six days afterwards he found that many of the bacilli were included in round cells, while if the animals were kept alive for from six to twelve days after the operation it was found that the micro-organisms had almost completely disappeared and that a considerable quantity of new connective tissue had formed. In the control animals, on the other hand, whose abdomens had not been opened, the bacilli in the peritoneum were most frequently found outside the cells, and there was no new growth of connective tissue. Bumm's researches are of equal importance.[2] He examined sections of the peritoneum taken from a woman forty years of age upon whom he had performed laparotomy twice in eight weeks for the relief of tuberculosis. The peritoneum on the first occasion contained typical tuberculous nodules. At the second operation, eight weeks later, the tuberculous nodules on the surface of the peritoneum were found to be infiltrated with round cells and retracted by the cicatricial contraction of the neighbouring tissues, whilst the giant cells were completely destroyed. The woman remained well at the time when the case was reported eighteen months after the operation. In this case, therefore, as well as in Kischenski's animals, it appears as though "laparotomy acted by leading to an infiltration of the tuberculous nodules with round cells, accompanied by, or leading to, their fibroid change, or, in the words of modern pathologists, that laparotomy causes an excitation of the phagocytic properties of the cells."

Something of the same kind appears to have happened in the case which I here record. It is evident that the conditions which led to the peritoneal effusion were suddenly and permanently arrested, apparently by some purely local cause. The disease progressed, the other large serous sacs where the local arresting cause was not acting were next attacked, and there was a pleural effusion. The pleura was in turn placed under conditions as nearly as possible similar to those which had been effective in the case of the peritoneum, and with an equally satisfactory result. It was impossible to evacuate the pleura as completely as was done in the case of the abdominal cavity, and the beneficial effects were therefore slower in showing themselves. An almost exactly parallel instance occurs in those passive tuberculous effusions into the bursæ near joints which are commonly called "Baker's cysts." It has long been known that such cysts are capable of being cured by aspiration. The disease, however, progresses, and the neighbouring joint sooner or later becomes disorganised, apparently by an independent infection—at any rate, not by a simple extension of inflammation from the bursa, which may have completely disappeared. Little importance, of course, can be attached to a single case, but if individual cases are successively reported a sufficient body of evidence will presently be accumulated from which more or less satisfactory conclusions can be drawn in regard to the surgical treatment of even so complex a disease as tuberculous peritonitis.

Bloomsbury-square, W.C.

[1] Abstract of a paper in Russian in the Centralblatt für Chirurgie, No. 40, p. 863, 1893.

[2] Sitzungsberichte der Physikalisch-Medicinischen Gesellschaft zu Würzburg, 1893, p. 7.

CHLOROBROM IN SEA-SICKNESS.

BY JOHN A. BOYD, M.B., C.M. GLASG.,
ASSISTANT PHYSICIAN TO THE BELVIDERE HOSPITAL, GLASGOW.

DURING the last voyage when I was surgeon to the *City of Rome* I had opportunities of testing the value of chlorobrom in cases of sea-sickness, and in the remarks I have to make I propose to speak of it, first, as a prophylactic, and, secondly, as a remedy after the sickness has commenced. A few hours after our departure on Aug. 24th I administered the solution in drachm doses to three lady passengers, all of whom had never been to sea before. One of them was slightly sick on the following afternoon and another dose was given, which produced refreshing sleep. The next morning she was able to be on deck and remained well throughout the voyage. The other two ladies had no sickness, drachm doses being given at bedtime for the first four nights. They were enjoined not to take soup, vegetables, or pastry, and for breakfast to have only weak tea and toast. A female passenger, six months pregnant, when I saw her for the first time on the second day out was retching and complained of severe pain over the sacral region. She had the feeling, she told me, as "if she were about to miscarry." I gave her a dose of two drachms, which was retained. The retching ceased, and in the course of half an hour she fell asleep. Next morning she was so well that she could go on deck and had no return of the *mal-de-mer*. In this and on the return voyage I tried it in a great many cases where vomiting and retching had continued for twenty-four hours, and in the great majority of them the patients, after a refreshing sleep, had no return of these symptoms. In some cases, however, although sleep followed the administration of the solution, the vomiting returned on the following morning. This I attributed to constipation, for whenever the bowels were freely opened by a saline aperient the patient soon recovered. If previously to embarkation the *primæ viæ* are moved, and if during the first few days on shipboard attention is paid to the diet, I am convinced that regular doses of this drug will secure to passengers immunity from sea-sickness. If, moreover, these precautions are not taken I am no less certain that the solution will, at least, cut short an attack of the malady.

Sandyford-street, Glasgow.

UNIVERSITY OF DURHAM.—At the convocation held on the 12th inst. the M.D. degree of this university was conferred on the following two gentlemen:—Joseph G. Jeffreys and Fleming M. Sandwith.

A Mirror
OF
HOSPITAL PRACTICE,
BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Procemium.

LONDON HOSPITAL.

CASES OF CÆSAREAN SECTION; REMARKS.

(Under the care of Dr. HERMAN.)

(Continued from p. 1510.)

WE have hitherto given examples of some of the more common conditions for which the operation of Cæsarean section is required, and those which we add this week are some of the most instructive of the series. So far they show the very great importance of placing the patient under the care of the operator some time before the labour is expected, in order that she may be properly prepared for the operation and the best time for its performance may be deliberately chosen. We think that the cases related this week bring forward these facts very prominently and show the extreme difficulty of warding off the septic diseases which are so frequently fatal. Dr. Herman's remarks on his series of cases will be read attentively by all. The illustrations of the sixth case show that the mother was similar in appearance to the woman on whom Dr. W. Duncan performed Porro's operation for contracted pelvis, the account of which has been published in our columns.[1] The patient in his case was only 36 in. in height, and the distance between the iliac crests was 7½ in. The operation was successful in every respect.

CASE 4. *Rickety flat pelvis; labour at term; attempted delivery by version; death and decomposition of child; febrile symptoms of mother before operation; indication for Cæsarean section absolute; death probably from septic peritonitis thirty-six hours after operation.* (Reported by Mr. J. N. Collins, resident accoucheur, and Mr. W. E. Stanton, clinical clerk.)—A patient thirty-seven years of age, having been twelve hours in labour in a small, dirty room, was admitted into the London Hospital late at night on July 5th last. A medical man had three hours before anæsthetised her, turned the child, and brought down a leg; then, finding delivery impossible, he had sent her to the hospital. On admission a leg, the epithelium of which was peeling off, was protruding from the vulva. The pelvis showed markedly rickety deformity, the true conjugate being about an inch and a quarter. The patient was of short stature, and her legs showed rickety bending. The temperature was 101·4° F. The operation was performed by Dr. Herman at 1 A.M. on July 6th in the same manner as in the cases described in THE LANCET of Dec. 16th. The child was extracted by a foot; it was decomposing. The uterus was swabbed out with sublimate solution, and ergotin was given hypodermically directly after the extraction of the child. The uterine wound was sutured with deep silk and superficial continuous catgut suture. The Fallopian tubes were tied, and the outer half of each was removed. After the operation, vomiting, abdominal pain, and rising pulse and temperature supervened, and the patient died thirty-six hours afterwards. Permission to make a post-mortem examination was refused; there can be little doubt, however, that septic poisoning had taken place before the patient was admitted, and that she died from septic peritonitis.

CASE 5. *Uterine fibroid in pelvic cavity, causing retention of urine and forming obstruction to delivery; hydramnios, causing much suffering by distension of abdomen; Cæsarean section at eight months' pregnancy; removal of uterine appendages; child born living, but did not survive; death of mother forty hours afterwards; no peritonitis; cause of death not clear.* (Reported by Mr. E. P. R. Tregaskis, clinical clerk.)—A woman thirty-two years of age was admitted into the London Hospital on March 29th last. She first menstruated when she was fifteen years of age, and was regular till her marriage, the flow lasting for a week and being without pain. She was married when thirty years old. After marriage she went a week over her time. Then she had what was thought to be an abortion, which was followed by almost continuous hæmorrhage for two months and a half. Thereupon for two months she menstruated as she had been accustomed to, after which she saw nothing for six weeks, when she had another miscarriage. From this time till last November she menstruated regularly, the quantity not being excessive and there being no pain. She then became pregnant and has had no hæmorrhage since. On March 16th she found that she could not micturate. A catheter was passed. Since then she had frequently needed it. She had noticed that if she micturated often she could do without the catheter, but if she allowed the urine to accumulate she was unable to pass it. On admission to hospital the uterus was found to be reaching to the umbilicus. The cervix was felt high up and to the right. The pelvic brim was almost filled by a hard, smooth, and somewhat elastic tumour. The cervix was soft. The urine was free from albumen. The diagnosis made was that the tumour was a fibroid growing in the lower part of the uterine wall. It was so large and it so displaced the cervix that it would make natural delivery at term impossible. If abortion had been induced there would have been considerable difficulty in artificially emptying the uterus had any abnormal adhesion of the secundines been present; further, the induction of abortion would leave the patient liable to the risks of pregnancy occurring again. It was thought therefore that delivery by abdominal section, which could be combined with the curative measure of removal of the ovaries, would be the best course, and that the risk of this would not be materially increased by postponing it until it became possible to also save the life of the child. The patient was on this account taught to relieve her retention of urine by passing a catheter for herself. She left the hospital on April 14th. She was readmitted on July 10th, when she complained of severe abdominal pain, owing to which she had not slept for four nights. Her aspect was haggard and worn. The abdomen was greatly distended, its wall being red, tense, and shining. The tongue was red and flabby; the temperature was normal. She thought herself to be eight months pregnant. The great size and tension of the abdomen and the evident severity of the pain caused by it led to the opinion that it was not safe to allow the pregnancy to go on any longer. Notwithstanding the administration of morphia the patient was restless and uneasy at night. On July 12th Cæsarean section was performed by Dr. Herman. A ring pessary was used in order to control the hæmorrhage while cutting through the uterine wall in the manner recommended by Dr. Murdoch Cameron. Its use allowed the operator to see more clearly the structures he was cutting through; but it was not thought that it made much difference in the amount of blood lost. As soon as the fœtal membranes were cut through, an enormous quantity of liquor amnii poured out. The fœtus was small. Its heart was beating immediately after its delivery; but efforts to establish respiration failed. After peeling off the placenta and membranes the interior of the uterus was swabbed with sublimate solution. Lest the fibroid should obstruct the exit of lochia from the uterus an indiarubber drainage-tube was placed in the cervical canal. The uterine wound was closed with eight deep stitches and a continuous catgut buttonhole stitch. The pulse immediately after the operation was 150. The drainage-tube was expelled from the vagina twelve hours afterwards. In the evening the temperature was 100·5° F., the pulse being 132. There was occasional vomiting. On July 13th the morning temperature was 99°, the evening temperature being 103°. The patient died early on the morning of the 14th, about forty hours after the operation. Vomiting had ceased ten hours before death. A post-mortem examination conducted by Dr. F. J. Smith showed no peritonitis to be present; the uterine wound had united throughout its whole extent, the spleen was small, the liver was fatty, and there was reddish serum in all the serous cavities. The tumour obstructing delivery was a uterine fibroid.

Remarks by Dr. HERMAN.—In looking for a cause of the issue of this case the only one that I can point out is the unfortunate circumstance that the patient did not come to the hospital until the distension of the abdomen had become such as to prevent her from sleeping and had thereby exhausted her nervous energy. In the absence of any satisfactory explanation of another kind, the febrile symptoms and death must, I think, be attributed to septicæmia; but if this

[1] THE LANCET, Jan. 5th, 1889.

were the sole cause of death it is remarkable that there should have been no peritonitis and no enlargement of the spleen.

CASE 6. *Dwarfed rickety pelvis; indication for Cæsarean section absolute; labour induced a week before expected natural labour at term; Cæsarean ection early in first stage of labour; child decomposing: recovery of mother.* (Reported by Mr. Roger K. Hamilton, clinical clerk.)—A woman twenty-four years of age was admitted into the London Hospital on Oct. 3rd last. She was sent to the hospital by Dr. J. W. Hunt, to whom we are indebted for information as to her early history. Both parents were dead. She was brought up by a stepmother, who had known her since she was seven years old. The stepmother said that the patient was noticed to be deformed from birth, and that she was "all head and no legs." The labour with her had been difficult, three medical practitioners having been called in; "her head was very large, and her legs shorter than the length of a hand." She was 3 ft. 6 in. high, and weighed on admission 6 st. 7 lb. The head was square, the ribs were beaded, and the femora and tibiæ were bent; the sacrum projected forwards and was convex from side to side, its epiphysial ridges being prominent. The pelvic measurements were: anterior interspinous, 8½ in.; intercristal, 8 in.; true conjugate, ¾ in. The abdominal measurements were: greatest girth at umbilicus, 36¾ in.; pubes to umbilicus, 8¾ in.; pubes to ensiform cartilage, 19 in.; umbilicus to right anterior superior iliac spine, 9¼ in.; umbilicus to left anterior superior iliac spine, 8½ in. The limbs were remarkably short. The following were the measurements: clavicle, right 4¾ in., left 4¾ in.; humerus, right 5⅜ in., left 5¼ in.; radius, right 4¾ in., left 4½ in.; ulna, right 5¼ in., left 5 in.; sternum, 5½ in.; femur (trochanter to external condyle), right 8½ in., left 10¾ in.; tibia (inner tuberosity to malleolus), right 6¼ in., left 6½ in.; fibula, right 6¾ in, left 7¼ in. The last menstruation ceased on Jan. 8th. On admission to hospital the fœtal heart could not be heard, but as the patient had been seen early in pregnancy there was no doubt as to her condition. The predicted date of probable natural delivery was Oct. 13th, therefore on the evening of Oct. 5th a bougie was put into the uterus, and on the 6th Cæsarean section was performed. The operation was carried out in the same manner as in Cases 2 and 3. The child was decomposing. It measured 16 in. in length and weighed 4¾ lb., but no other abnormality about it was noticed. The greater part of each Fallopian tube was removed. The operation occupied half an hour. For two or three hours after it rather more blood than usually follows a confinement escaped by the vagina, but this hæmorrhage was not serious and ceased without local treatment. The pulse afterwards was found to be 126. During the following day the temperature ranged between 100·5° and 101° F., and the pulse between 128 and 154. It was thought that this slight degree of fever so quickly following the operation might have been due to absorption by the wound of some of the decomposing uterine contents. After this the pulse and temperature steadily fell. On the evenings of the fifth and sixth day the temperature was again between 100° and 101°. This was accounted for by some swelling and soreness of the breasts. The stitches were removed from the abdominal wound on the eighth day. There was then a little suppuration in the track of the upper stitch. At the end of the second week it was found that there was a small slough of cellular tissue at the upper part of the abdominal wound. This was accompanied by a slight rise of evening temperature, varying from 100° to 101°, and once reaching 102°. After this slough had been removed the temperature became normal. No other bad symptoms occurred at any time. The patient left the hospital well on Nov. 18th.

Remarks by Dr. HERMAN.—The chief point of interest in this case is the nature of the deformity. It was partly due to rickets. This was evidenced by the curvature of the leg bones, the projection of the sacral promontory, and the convexity of the sacrum from side to side; but it was not altogether rickety, for the bones of the upper extremities were not curved, and yet their shortness in relation to the size of the trunk was conspicuous. Other cases of similar deformity—that is, dwarfing due to shortness of the extremities, not to diminutive size of the whole skeleton, the body being not small in proportion to the limbs—have been published by others. Dr. Champneys[2] has described a case like this as to the shortness of the extremities, but in his case there was no evidence of rickets. He terms the disease "micromelis," the name under which Förster[3] places those monstrosities in which the extremities are imperfectly developed. All the information Förster gives about this condition is comprised in a few lines, in which he defines the meaning of the term; he gives no cases. Another case of a similiar kind, illustrated with a drawing, is reported by Dr. Swayne.[4] Boeckh[5] describes a case illustrated with engravings from photographs. These portraits of Boeckh's patient would almost do for a representation of mine. There are the same long trunk; the short, but straight, upper extremities; and the lower extremities still shorter from rickety curvature. The tips of the fingers of Boeckh's patient, with the arms hanging by the side, seem to come down about as far as the iliac crests. In my

case the tips of the fingers reach about halfway between the iliac crests and the trochanters; but my patient's arms are quite extended, while those of Boeckh's patient are slightly bent. In the Edinburgh Obstetrical Transactions[6] Dr. John Thomson describes three cases in which this deficient development of the limbs was present—viz., in a child aged five years and in two male adults. In the photographs of the two men the tips of the fingers come down about as far as the trochanters. In the opinion of Dr. Thomson, this kind of dwarfing is the product of the fœtal disease to which Parrot gave the name of "achondroplasia." Dr. Thomson gives references to papers bearing on the subject; but the most important of them are monographs which are not contained in our London libraries:

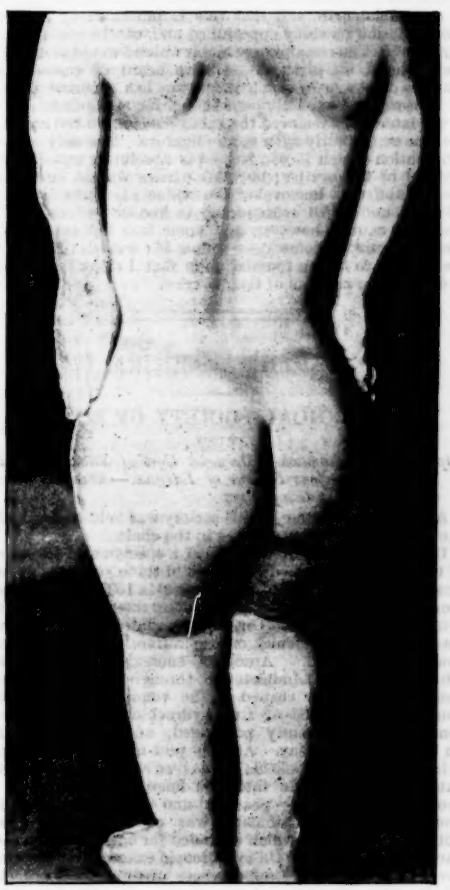
[2] Transactions of the Obstetrical Society, 1889.

[3] Die Missbildungen des Menschen.
[4] Obstetrical Transactions, vol. v.
[5] Archiv für Gynäkologie, Band xliii.
[6] Vol xviii.

I have therefore not been able to judge for myself of the strength of the reasons for thinking that this adult deformity is really the result of the fœtal disease. My case supports Dr. Thomson's view more strongly than either of his own, for in it the history is clear that there was deformity at birth, while in neither of his cases is this so; for it is stated as regards the child that his mother had not noticed anything uncommon about him, and there is no account at all of the infancy of the man. Swayne's case also supports Dr. Thomson's view; for in his patient deformity was noticed at birth, and the patient's limbs have the appearance characteristic of achondroplasia, the skin and subcutaneous fat being thrown into transverse rolls. Dr. Thomson's paper is the most important communication upon the subject that I know of; but it appears to me that the facts given in it are hardly enough to make it absolutely certain that

a child born with achondroplasia will, if it lives, develop into a dwarf of this kind—viz., one with a long body, a square head, and short extremities.

General remarks by Dr. HERMAN.—I have reported this series of cases because the recent great improvements in Cæsarean section have so lessened its danger that it has become no longer always an operation of necessity, but sometimes one of choice. Unless the experience of those who perform the operation is completely recorded, the profession cannot judge either as to the death-rate or its causes. I have already published three other cases in the *Medical Times and Gazette* of Aug. 16th, 1884. THE LANCET of May 2nd, 1891, and the *New York Journal of Gynæcology and Obstetrics* of June, 1893. The present series completes the record of the operations of this kind that I have performed. The safety of Cæsarean section depends mainly upon three things: (1) antiseptics, (2) efficient suture, and (3) early performance. 1. It has gained from antiseptics what every surgical operation has gained. 2. The essentials of the suture are (*a*) deep sutures holding enough muscular tissue to bring the sides of the cut firmly together, but not going through the decidua. The reason why, in so many of the cases operated on before Sänger's publications, the uterine wound was found to be gaping after death was probably, often, that the suture was so put in that decidual surfaces were brought together which did not unite. (*b*) A suture that brings the peritoneum accurately together throughout the whole length of the wound. This is important, because, as the late Dr. Matthews Duncan showed, the peritoneum is the strongest part of the uterine wall. In order to do this many stitches must be put in. If the stitches are few there will be long intervals between them, and the longer the intervals the greater the liability of im-



perfect union resulting. I think it is immaterial, so long as close apposition is obtained, whether the stitches are half-deep, as Dr. Cullingworth recommends, or after the manner of Lembert. Now many stitches, if each has to be separately tied, make the operation a long one; and long exposure and manipulation of the peritoneum add to the risk. By the use of a continuous suture the time spent in knotting each stitch is saved, and this, I think, is a considerable advantage. The disadvantage of the ordinary continuous suture is that the stitches cross the wound obliquely, but by the buttonhole stitch this objection is removed. For this reason I use and advocate this kind of suture for the peritoneal edges of the wound in Cæsarean section. 3. The great thing, if good results are to be obtained, is that the necessity for the operation shall

be seen early, so that it is not postponed until the patient is exhausted by protracted labour and injured by fruitless attempts at delivery in other ways. All of my cases in which the operation was performed on healthy patients at a selected time have recovered. Those who died were those in which the time of operation was dictated by the greater danger of delaying it. As minor points I would remark—4. That I see no advantage in making a long incision and turning the uterus out of the abdomen before opening it. If the abdominal walls are kept closely applied to the uterus before opening it, and pressed together behind it after it has been opened, fluids are kept out of the peritoneum quite as well as, and I think better than, if a long incision is made. 5. I would call attention to the desirability of washing the uterus with water from time to time while it is being sutured. I did this simply as a detail of cleanliness; but I have since seen a paper by Walthard,[7] who has found by laboratory experiments that prolonged exposure of the peritoneum to air causes necrosis of superficial cells, and that this is indicated by the peritoneum losing its shiny appearance and, can be prevented by flushing. 6. The remaining point on which I would comment is the mode of sterilisation. I have heard of cases in the practice of others in which pregnancy has occurred in spite of ligature of each Fallopian tube; for this reason I have in the later cases removed the tubes as close to the uterus as possible consistently with secure ligature. The only mode of sterilisation which it can be said is absolutely certain is the removal of the ovaries; but this carries with it certain undesirable effects. Removal of the oviducts is probably equally effective, and no ill consequence is known to follow as its result. I cannot, however, help some fear lest extra-uterine pregnancy may in some case follow it; but till this fear has been shown to have a foundation in fact I think it better not to deprive the patients of their ovaries.

Medical Societies.

PATHOLOGICAL SOCIETY OF LONDON.

Diphtheria of Stomach.—Dermoid Cyst of Face.—Sequel to Case of Anomalous Tumour of Larynx.—Abscesses in connexion with the Œsophagus.

AN ordinary meeting of this society was held on Dec. 19th, the President, Dr. PAVY, being in the chair.

Dr. SOLTAU FENWICK exhibited a specimen of Diphtheria of the Stomach obtained from a child three years of age, who was admitted into the London Hospital in 1891 for an attack of croup. The illness had commenced on the previous day with symptoms of dyspnœa. On admission into the hospital there was considerable difficulty of respiration, but no membrane could be observed. Absolute anorexia prevailed, and when food was administered through a stomach tube vomiting invariably ensued. The vomited material never contained any trace of free hydrochloric acid. Tracheotomy was subsequently performed, and the patient died on the following day. At the post-mortem examination primary laryngeal diphtheria was discovered, the membrane extending downwards into the finer ramifications of the bronchial tubes. The pharynx and œsophagus were free from disease. The stomach was completely lined with adherent membrane, which extended for one-third of an inch through the pylorus. On microscopic examination the tissue presented the ordinary appearances of diphtheritic affection of the stomach. Diphtheria of the stomach was a rare disease, and occurred almost exclusively in children who were the subjects of pharyngeal diphtheria. In such cases the gastric affection was stated by Kalmus to be found as frequently as 6½ per cent., but in this country the complication was not so often encountered. The chief points of interest in the case were: (1) the implication of the whole surface of the stomach; (2) the absence of membrane from the pharynx and œsophagus; (3) the clinical features of complete anorexia associated with vomiting and an absence of free hydrochloric acid from the contents of the stomach.—Mr. SHATTOCK had seen a similar case, in which the entire gastric mucous surface was coated with membrane, though no exudation could be found in the œsophagus or in the upper part of the respiratory tract.

[7] Correspondenz-Blatt für Schweizerische Aerzte, 1893.

Mr. BOWLBY showed for Mr. PAUL (Liverpool) a Tooth-bearing Dermoid of the Face, which was removed from the cheek of a boy aged five years. It was regarded by the parents as a birth mark, and excited no special attention until five or six months ago, when a tooth appeared at the upper part. The tumour was situated on the left side of the nose a little below the eye; it had no connexion with the bone, and there were no teeth missing from the jaws. At the time of removal the tumour consisted of a soft pad of skin below, and above of a little rim of gum-like tissue from which projected a left upper lateral incisor tooth with its lingual surface uppermost. Beneath the erupted tooth was a small permanent tooth of the same character. Attention was drawn to the following points: the rarity of teeth in true superficial dermoids; the marked individual character of these teeth; the association of a permanent with the temporary tooth; the fact that the teeth belonged to the side on which the tumour was placed, and that, if these ought to be regarded as misplaced teeth, though the normal number were present in the jaws, yet additional laterals were amongst the most frequent of supernumerary teeth.

Dr. FELIX SEMON and Mr. S. G. SHATTOCK related the Sequel of a case of Anomalous Tumour of the Larynx, which they had brought before that society on May 19th, 1891. A growth sprang from the left arytæno-epiglottidean fold of a man aged forty-four, which presented all the appearances of an angioma, and which was only after removal by means of the galvano-caustic loop recognised to be a very delicate papilloma, encased in a shell of partly fresh, partly organised, blood-clot. They had drawn attention—(1) to the very unusual situation of the new growth; (2) to the fact that the papilloma was in structure much more like the papillomata of the bladder than those of the upper air-passages; and (3) to the unique fact of spontaneous hæmorrhages occurring in connexion with and the formation of a blood-shell around the papillary growth. They now added that four months after operation the growth had recurred, and that a month and a half later it was larger than it had been originally. It was again removed by means of the galvano-caustic loop, and, evidence of malignancy being found on microscopic examination, subhyoid pharyngotomy was performed and the growth was excised. The patient, who had, with the exception of some secondary hæmorrhage on the first day after operation, been going on remarkably well, suddenly became unconscious in the evening of the third day, and his temperature began to rise, with gradually increasing coma, Cheyne-Stokes respiration, profuse perspiration, and a temperature of 105·8° F. He died in the morning of the fourth day after the operation. At the post-mortem examination œdema and intense congestion of the brain were found, but no evidence was forthcoming to show the ultimate cause of this condition. The tumour removed at the second operation was a compact spheroidal mass nearly a centimetre in chief diameter, and of similar characters, both macroscopic and microscopic, to that before described in the Transactions of the Pathological Society, vol. xlii.; histologically it was a delicate papillary growth, thickly encased with blood-clot, of which extensions passed between the different processes composing the tumour. The investing epithelium of the mucous membrane was quite distinct from that of the growth, being of the stratified squamous-celled kind, and nowhere continuous with the other, which was cubical or cylindrical, and in places not more than a single layer in thickness. The growth not only projected beyond the general surface but infiltrated the deep parts, after the manner of a columnar-celled or duct carcinoma of the breast, with which class of new formations they compared it, considering it probable that the tumour arose in the mucous glands. Assuming it to have so arisen, they supposed that in process of time, part came to project from the surface, possibly after rupture of the thinned tissue enclosing it, and so allowed of the removals recorded, whilst there remained at these periods a deeper extension of the growth, infiltrating the structures below the level of the mucous membrane, and beyond the reach of endo-laryngeal operation. The hæmorrhage which formed so marked a histological feature was explained by the delicacy and vascularity of the growth, and was paralleled by the villous or duct carcinomas of the breast, to which this tumour bore many resemblances. Dr. Semon and Mr. Shattock further remarked on the obscure symptoms characterising the patient's final days, and the want of satisfactory explanation of the ultimate cause of death. This was the first case ever described in which malignant disease of the larynx simulated in its initial stages the appearance of a

pedunculated angioma of that part. That the disease was primarily malignant in this case, and could in no sense be claimed as an example of the transition of a benign growth into a malignant one, did not, in their opinion, admit of any reasonable doubt. All the facts, both clinical and histological, enumerated in the history admitted of one reasonable interpretation only—viz., that the disease began in the deeper tissues, and that the papillary excrescences were only secondary offshoots from it. Nevertheless, an attempt had been made to utilise this case for a resurrection of theories concerning the alleged special liability of benign laryngeal growths to undergo malignant degeneration.—Mr. LENNOX BROWNE thought it unusual to bring forward a case again for discussion after the main facts had been already published. He was not clear from the description given what was the exact situation of the growth. As to hæmorrhage, papillomatous growths springing from mucous surfaces were very prone to bleeding, and credit was due to Mr. Shattock for pointing out that the sheath of the growth was composed of clot. The primary growth seemed to be free from any evidence of malignancy, and he had regarded the case as one in which a primarily benign growth had been converted into a malignant one by the irritation of the galvano-cautery used to remove it. Early in the sixties Dr. Morell Mackenzie exhibited at that society a number of specimens of benign laryngeal growths, and their microscopy was vouched for by the late Sir Andrew Clark. The removal of these benign growths became so common that the microscopical examination of them fell into disuse. Dr. Mackenzie later showed a growth which he thought to be benign, but the Morbid Growths Committee pronounced it to be malignant. This induced the exhibitor to qualify his prognosis as to growths which were to the naked eye apparently benign. The late Mr. Campbell De Morgan opened a discussion at that society on cancer, and he dwelt on its purely local origin, the length of time it might lie dormant, and on the part irritation might take to convert a simple wart into cancer. He himself had been under the impression that the conversion of benign into malignant growths by irritation was of frequent occurrence, but he now thought that it occurred only occasionally. Mr. De Morgan had hinted at parasitism as the origin of carcinoma, since then Sir James Paget had supported the same view, and many workers had recently been striving to find a parasite. If this was its true pathology, all that was necessary for the production of malignant disease was a breach of surface, the settlement of an organism and its growth, development, and subsequent extension. What was there to preclude this happening in the larynx; it certainly did happen in the case of tubercle. He claimed to have proved that he was justified in the view he had taken, and that it was reasonable to believe that by irritation a benign might occasionally be converted into a malignant growth. The lesson to be drawn from such a discussion was that in dealing with certain benign growths of the larynx milder measures should be pursued rather than resort should be had to the use of unguarded instruments which might provoke irritation. He added later, after hearing a statement from Mr. Shattock, that he withdrew the suggestion that Dr. Semon and Mr. Shattock had become converts to his views.—Mr. BUTLIN saw the patient in consultation at a later period, when the question of a more serious operation had arisen, and then there was no doubt that the case was malignant, and the short duration of the symptoms, coupled with the rapid recurrence and the extreme vascularity of the tumour, supported this view. The diagnosis of an innocent from a malignant growth in the larynx was excessively difficult. Only at most a small part of the tumour could be seen, and the part seized and removed for examination was often not characteristic of the disease. Such a diagnosis was at best a mere reflection of the more perfect diagnosis that could be made of an external tumour by aid of sight and touch.—Mr. VICTOR HORSLEY thought it not becoming the dignity of the Pathological Society to discuss the question of the possibility of the conversion of a benign into a malignant tumour, for almost every published case was vitiated by the probability of clinical error.—Mr. BOWLBY regarded the specimen as a villous carcinoma. If only a part of a papillomatous growth was examined and that part projected from the surface, all that probably could be said of it was that it was papillary, though it might in reality be carcinomatous, an ingrowth being present as well as an outgrowth. In duct cancer of the breast it was not possible to decide as to its malignant nature by examination of the papillary growth; a portion of the deeper structure must also be examined. The error in the case shown was originally one of diagnosis. He hoped that the specimens would be referred to the Morbid Growths Committee.—Mr. SHATTOCK said that from the original histological examination no one could say that the specimen was duct carcinoma. The whole of the evidence as to the malignancy of the primary growth was clinical. The case in its entirety was so remarkably like one of duct carcinoma that he regarded that conclusion as the only one which would cover all the facts, and this, therefore, made him believe that it was malignant from the first.—Dr. SEMON, in reply, said that he felt it to be his duty to bring forward a clear account of his views on the case. As to the question of the frequency with which benign growths became malignant, he had assisted at an investigation, with the help of 107 other laryngologists, and they found that of 10,747 cases only 31 ended in malignancy, and a further strict scrutiny reduced the number to 16.—The PRESIDENT, in referring the specimens to the Morbid Growths Committee, said that the question to decide was whether the case was one of malignant disease during its entire course, or whether, as had been contended, it was an instance of benign growth passing later into malignant disease.

Dr. ROLLESTON exhibited three specimens of Abscess in connexion with the Œsophagus. 1. A localised abscess arising outside the œsophagus on the right side of the neck, which discharged into the œsophagus, and proved fatal by eroding the inferior thyroid artery. The cause of this abscess was obscure; its duration was about five weeks. The specimen was from a woman aged thirty years. 2. Suppuration arising around a stricture of the middle and lower thirds of the œsophagus. The stricture was apparently due to a corrosive poison taken thirty-three years before. The remains of the mucous coat ran through a gangrenous abscess cavity in the posterior mediastinum. The muscular coat was partly destroyed and partly blended with the outer wall of the abscess, as if the suppuration had begun in the submucous coat. This abscess cavity had burst into the left pleura and set up a pyo-pneumothorax. The duration of the abscess appeared to be eleven days; the onset was dated from a piece of meat sticking in the œsophagus of a man aged forty-three years. 3. Suppuration in the posterior mediastinum around the lower third of the œsophagus. This cavity communicated with the œsophagus just above the diaphragm, and opened into the left pleura, setting up pyo-pneumothorax. The symptoms developed quite suddenly during muscular exertion in a man aged fifty years two days before death. The symptoms suggested rupture of the gullet and suppuration as a result. The cause—straining—seemed inadequate to bring about rupture; but there was no evidence of epithelioma or of disease of the œsophagus.

The following card specimens were shown:—

Dr. FYFFE: (1) Broncho-pneumonic Phthisis occurring in a diabetic patient; (2) Tubercle of Fallopian Tube.

Dr. LEE DICKINSON: Calculous Obstruction of the Ureters.

OBSTETRICAL SOCIETY OF LONDON.

Exhibition of Specimens.—Intravenous Injection of Saline Solution in Cases of Severe Hæmorrhage

AT a meeting of this society, held on the 6th inst., Dr. HERMAN, President, in the chair, the following specimens were shown. Dr. W. DUNCAN: Fibro-cystic Uterus removed by Hysterectomy. Dr. H. SPENCER: (1) Transfusion Apparatus; (2) Saturated Solution of Salt in Hermetically Sealed Tubes (for transfusion). Dr. HORROCKS: Transfusion Apparatus. Dr. LEITH NAPIER: Dermoid Cyst of Ovary.

A paper was then read by Dr. P. HORROCKS, entitled "Intravenous Injection of Saline Solution in Cases of Severe Hæmorrhage." After pointing out that transfusion had been performed for centuries, he mentioned experiments that had been made abroad and in England to show that an injection of saline solution into the veins of an animal bled to apparent death would revive it, and that recovery would take place. The late Dr. Wooldridge had done this, and had found it best to inject as much saline fluid as blood lost. The following propositions were then laid down: (1) when a person is dead from rapid hæmorrhage there is still in the body sufficient blood to carry on life if it can be circulated; (2) theoretically, half the volume of blood could do the same work if it were given double the velocity; (3) death from hæmorrhage is due to failure of the heart, and this is

due to want of extension owing to the fall in the blood-pressure; and (4) this blood-pressure can be raised if as much fluid be transfused as there has been blood lost. Details were then given of six cases in which the patients had lost blood to such an extent as to become blanched to the lips and pulseless at the wrist. Case 1: Ruptured tubal gestation at fifth week. The abdomen was found to be full of blood after clamping the broad ligament; saline fluid was injected into the right median basilic vein. The left tube, with a tiny ovum hanging out of a ruptured portion, was removed together with the ovary. The abdomen was washed out and a drainage-tube inserted. The patient then appeared quite dead; artificial respiration was performed and she breathed again. The bandages were found to be saturated with blood, so the abdomen was reopened and a quantity of blood removed, which had probably been driven down by the movements of the diaphragm. Transfusion was continued until a pulse was felt at the wrist; six pints were used in all. Recovery was excellent. Case 2: Ruptured tubal gestation between second and third month. Scarlet fever being in the house the patient was taken to Guy's Hospital. She was quite pulseless and five pints of saline fluid were transfused; the patient recovered. Case 3: Ruptured tubal gestation at third month. The surroundings were bad, so the patient was taken to Guy's Hospital in an ambulance. Abdominal section was performed; the abdomen was full of blood. The fœtus, tube &c. were removed; the patient was pulseless; six pints of fluid were injected; recovery. Case 4: Post-partum hæmorrhage and placenta prævia. The patient was pulseless; six pints of fluid were injected. She rallied for a few hours, but became pulseless again. More fluid was used, but the patient sank. A necropsy revealed a lacerated cervix and much blood in the left broad ligament. Case 5: Hæmorrhage on removal of cancer of cervix. The patient was pulseless; three pints and three ounces of fluid were injected into the median basilic vein. Recovery ensued and the patient was alive one year afterwards, but cancer recurred. Case 6: Ruptured tubal gestation at two months and a half. Abdominal section was performed, excessive hæmorrhage occurring during operation. The patient became pulseless; six pints of fluid were injected. She rallied, but died on the fourth day from septic peritonitis. A seventh case was mentioned where rupture of a three months' tubal gestation was diagnosed, but consent to an operation was not obtained for several hours. The patient was taken to Guy's Hospital, but died on arrival. Six pints of fluid were transfused, but failed. Details were given of the method of injecting the fluid. The following is a summary of the procedure: (1) transfusion of blood is useless and probably injurious; (2) water, with or without salt, should always be used; (3) the amount injected should equal as far as possible the amount lost; (4) enough should be injected to make the pulse felt at the wrist; (5) the worst cases require six pints; (6) no patient should be allowed to die from severe hæmorrhage without an attempt being made to save life by transfusion; (7) in less severe forms of hæmorrhage, where the patient is in a low condition but is not pulseless, injection of from two to five pints of saline fluid should be given to avoid secondary syncope; and (8) in the more moderate cases each one must be judged on its merits, but when in doubt it is better to inject fluid. Many of these, however, will rally by copious watery injections into the cellular tissue between the shoulders and other parts and into the rectum.

Dr. ROUTH was surprised that Dr. Horrocks had not referred to a Committee on Transfusion appointed during the early days of the Obstetrical Society. As one of the members of that committee he could say that the inquiry was very exhaustive and brought out some most interesting facts; one was that the injection of a potash salt was invariably fatal, so that in speaking of saline injection it was necessary to state precisely the quantity and quality of salt employed. Dr. Horrocks had said that transfusion of blood was always fatal, but Dr. Routh had collected every case of transfusion he could find in medical works (forty-eight) in which it had been tried, and the mortality was only 1 in 8½. Another paper on transfusion was read and ably discussed at the Royal Medical and Chirurgical Society. In neither was any reference made to Sir Benjamin Ward Richardson's experiments on the injection of warm water into the veins of dogs previously bled.

Dr. HEYWOOD SMITH asked why in three cases of abdominal section after the bleeding had been arrested Dr. Horrocks had thought it necessary to use a drainage-tube.

Dr. HERBERT SPENCER drew attention to a paper he had published[1] upon the subject of intravenous injection of normal salt solution for the grave hæmorrhage of midwifery. He thought that the injection bottle there described was the best for the purpose. In the absence of this bottle (which should always be used in public institutions) an excellent substitute could be made with a jug and a piece of rubber tubing held in the jug by a clip (which he then exhibited). He agreed with Dr. Horrocks that no patient should be allowed to die from hæmorrhage without saline transfusion having been performed. He thought it was best to pass three ligatures under the vein as described in his paper; also to fix the arm on a back splint in order to prevent suppuration. He thought that the rate of injection employed by Dr. Horrocks was much too rapid, for he (Dr. Spencer) had seen venous pulsation from over distension of the heart when the fluid was injected at one-third the rate, and he asked on what physiologist's authority Dr. Horrocks advocated plain water for injection? He used "normal saline solution" and showed sterilised sealed glass tubes containing two drachms of sodium chloride in solution which could always be carried in a bag. He thought that the fluid should be injected at the body temperature; too cold water (and probably too hot also) was known to produce fatal syncope. He asked Dr. Horrocks whether hæmoglobinuria had been observed in any of his cases.

The PRESIDENT agreed that the transfusion of blood was dangerous and ineffective. He thought that the paper would be of great use in making more widely known the use of intravenous saline injections. A case was published by Mr. W. Coates,[2] in which water was injected with good result. He thought that the injection of the blood of lower animals or of milk should be absolutely rejected. If the intravenous injection of water or saline fluid was to be of extended practical use the method must be simple and easy. Careful measurement of the strength of the saline solution, although desirable, was not absolutely necessary. A teaspoonful of salt in a pint of water was quite near enough. Nor was it necessary to have the fluid of the exact temperature of the body as long as the temperature was between 90° and 100°F., or even between 80° and 100°. It was no doubt desirable that the water should be sterilised, but the chances were millions to one against clean water from the tap containing germs which the leucocytes could not devour, and if exactness as to temperature, strength, and quantity of solution and sterilisation was insisted on the utility of this mode of treatment would be restricted.

Dr. LEWERS mentioned a case in which he thought that the patient's recovery after operation for extra-uterine gestation would have been expedited if he had used a drainage-tube.

After some remarks from Dr. HAYES and Mr. WHITCOMBE, Dr. HORROCKS, in reply, said that he had not had time to look up all the literature of the subject, but he pointed out that the text-books still recommended the transfusion of blood; moreover, as to the quantity of fluid injected, a few ounces were of no avail. He entirely disagreed with Dr. Spencer that the rate of injection was too quick. As a matter of fact, the circulation itself was so rapid that a pint in four minutes was not too fast. His authority for saying that plain water would do was that of the late Dr. Wooldridge. He, however, always preferred a solution containing a drachm of salt to a pint of water. He thought that the question of collapse was very important, for the greater it was the less the chance of recovery by saline solution; that is, if the pulselessness was due to hæmorrhage saline injection would save more certainly than if it was due to collapse. He had pointed out in the paper that many cases of operation in which much blood was lost died within twenty-four hours, and he believed that, at least, some of those would have been saved by a timely saline transfusion; so that, if at the end of a serious operation a patient was found to be blanched, even though not pulseless, he should recommend an intravenous injection of from two to five pints of saline solution in order to avoid this secondary collapse.

OPHTHALMOLOGICAL SOCIETY.

Failure of Central Vision.—Some Unusual Forms of Intra-ocular Neoplasms.—Congenital Trichiasis.—Suggestions in the interest of the Eyesight of Children.—Exhibition of Specimens.

AN ordinary meeting of this society was held on Thursday,

[1] THE LANCET, June 11th and 18th, 1892.
[2] THE LANCET, Dec. 30th, 1882.

Dec 7th, the President, Dr. ARGYLL ROBERTSON, being in the chair.

Mr. W. A. BRAILEY read a paper on Failure of Central Vision. In an otherwise healthy man fifty-seven years of age, and of good habits of life, the left eye began to fail in 1884, and the right followed the same course in 1886. Central vision for form and colour was absolutely lost in the first eye after two years; its appreciation of form was eccentric and was one-twelfth of the standard, and of colour one-eighth of the standard. The ophthalmoscopic changes were degeneration of the retinal pigment epithelium and chorio-capillaris, leading to darkening, scattering, and irregular distribution of the pigment epithelium and atrophy of the chorio-capillaris, so that the thickened vessels and stroma of the central and outer layers of the choroid were more visible than normal. The right eye had also an absolute central scotoma, and its vision, eccentrically, was reduced to one-eighth for form and one-third for colour respectively. Its ophthalmoscopic changes were similar, but probably less advanced; the area involved was smaller. The pigment was less dark and more cloudy, and formed an irregular, ill-defined ring in the neighbourhood of the macula lutea.—The PRESIDENT remarked upon the slightness of the ophthalmoscopic changes as compared with the visual defect, which indicated he thought, that the deeper and most sensitive part of the retina was affected. He did not consider treatment was likely to be of any avail.—Mr. LAWFORD mentioned the case of a woman, formerly under his care, one of whose eyes was affected in a similar way as in the case under discussion.—Mr. WAREN TAY spoke of cases which he had seen in young adults, beginning as hyalitis, which cleared up after a time, leaving patches similar to those described by Mr. Brailey.—Mr. QUARRY SILCOCK considered that the progressive obliteration of the choroidal vessels in a case under his care, a kind of arteritis obliterans, was the most striking feature. He knew of no other disease which brought about this progressive change except syphilis.

Mr. TREACHER COLLINS read a paper on some unusual forms of Intra-ocular Neoplasms, illustrated by lantern slides. The first case was a melanotic sarcoma of the ciliary body removed from a woman aged sixty-three years; the second case was a primary tumour of the ciliary body, which had a glandular structure; the next two cases were a brother and sister, each of whom had both eyes affected by a vascular new growth, probably of the nature of a capillary nævus of retinal origin. In the brother the sight began to fail at the age of twenty years, and progressed to absolute blindness in the course of a year; they were excised on account of pain and tension. In the sister the sight began to fail in both eyes at the age of ten or eleven years, and progressed to complete blindness in a year. Pain did not develop till thirteen years later, at which time both globes were excised. One of the brother's eyes was obtained for examination. The retina was everywhere detached, except at one spot; its veins were enormously enlarged and their walls thickened. In the sister's eye no iris, lens, vitreous, or retina could be distinguished. They seemed to be replaced, and the cornea to be partly invaded by a new growth composed of a network of thin-walled capillary vessels; there was a large cavity in the interior of each eye, and plates of bone had formed on the inner surface of the choroid.

Dr. SYDNEY STEPHENSON showed two examples of Congenital Trichiasis of the Lower Lids in brothers, aged six and seven years respectively. In the younger both eyes were affected; in the elder the right eye only. The misdirected cilia had produced their usual train of secondary symptoms. In explanation of the condition Dr. Stephenson suggested that the trichiasis was of mechanical origin, and depended in the first instance upon a relative malformation of the tarsus of the lower lid.

Dr. CHARLES WRAY made some suggestions in the interest of the Eyesight of Children. He said there should be a certain relation between the strength of the eye and the duration of work, and the necessity of allowing frequent short intervals of rest should be impressed upon teachers. The question of night work was gone into, and it was pointed out that many teachers were in favour of lessening night work as much as possible. Teaching should be carried on preferably by means of the blackboard and lantern, avoiding the use of the accommodation in reading. The increase of the myopia or the rapid diminution of hypermetropia, were to be carefully looked for and work discontinued for a time.—Mr. HENRY POWER mentioned the recent case of a boy who had been rejected from the navy on account of defective vision. He had been reading for a long period at a stretch for the entrance examination, which he had passed successfully, but failed in the vision test. Six weeks later his sight was absolutely perfect. A certificate to that effect was given to him and he was ultimately admitted; his temporary rejection was due to a transient spasm of accommodation.—Mr. CRITCHETT regarded the subject as one of national importance; he had met with three cases in the past year similar to that just described.

The following living and card specimens were shown:—

Mr. MACKINLAY: Congenital Dislocation of both Lenses upwards with marked Stretching of the Suspensory Ligament in One Eye.

Dr. RAYNER D. BATTEN: A Case of Pigmentary Moles of the Retina, with drawing.

Mr. JOHN GRIFFITH: Microscopic Section of a Cornea showing Blood Crystals.

Mr. ADAMS FROST: A Case of Syphilitic Conjunctivitis.

Mr. COLLIER GREEN: Orbital Exostosis.

Mr. KENNETH SCOTT: Drawings of Sclerosis of the Cornea, Sarcoma of the Orbit, and Luxation of the Lens.

Mr. KENNETH CAMPBELL: Case of Coloboma of the Macula.

Mr. LANG: Case of Sarcoma of Choroid.

OTHER METROPOLITAN MEDICAL SOCIETIES.

HARVEIAN SOCIETY.—At a meeting of this society held on Dec. 7th, 1893, Professor CORFIELD delivered the first Harveian Lecture, of which the following is a brief abstract. After referring to ancient writers in order to show that unwholesome conditions of localities and of buildings—and even infection of the latter—were recognised in ancient times, and after referring to the great sanitary works carried out by the Roman engineers, not only in Rome, but in various other cities in Italy, in Gaul, and in the north of Africa, many of which he had himself visited for the purpose of studying them from a sanitary point of view, including a detailed account of the remarkable arrangements made by the ancient Roman engineers for supplying the palaces in the city of Lugdunum (Lyons) with water by means of aqueducts with inverted lead syphons for conveying the water across valleys, Professor Corfield proceeded to give details of cases which had occurred in his own practice, in which disease had been caused by defective sanitary arrangements in houses. For this purpose he had gone through the notes of over a thousand cases. He found that sore-throats, diphtheria, scarlet fever, blood-poisoning, puerperal fever, diarrhœa, enteric fever, and pneumonia, besides general malaise, were the diseases which had in his experience been referred to those sources. In several instances whole families had for years been subject to ill-defined symptoms of general malaise when inhabiting certain houses, and this had been found to be due either to want of an impervious basement floor or to serious defects in the drainage arrangements, and had disappeared on removal of the unhealthy conditions. He found that sore-throats were by far the most common manifestations of foul air of any kind in living- and especially in sleeping-rooms, and he gave a number of instances where they had been caused by defective sanitary arrangements in houses, as well as some remarkable cases in which they had been produced by slight escapes of coal gas in bedrooms, and also by the escape of foul air from defective flues. With regard to diphtheria, he gave various striking instances in which it was associated with sanitary defects, sometimes of the most pronounced kind, but stated that it was so often found where no sanitary defects could be detected on the closest examination that he considered that in all probability its only connexion with them was through its rendering persons more susceptible to its attacks by producing sore-throats. He alluded to the fact that diphtheria was gradually becoming a town disease and pointed out that in London during the last twelve months there had been nearly twice as many deaths from it as from scarlet fever, in spite of the widespread outbreak of the latter disease. He announced that the other diseases mentioned would be considered in the next two lectures.

THE SOUTH-WEST LONDON MEDICAL SOCIETY.—The first meeting of this society was held at No. 3, High-street, Wandsworth, on Thursday, Dec. 14th. The president, Mr. T. S. HOWELL, gave an address on Our Social Position.

Past and Present, and began by stating that the objects of the society were that medical men might be better acquainted with each other, to read and discuss medical papers, to exhibit cases, and to make lasting friendships. He then proceeded to show the high social position many general practitioners of a past age had held in the district, and gave it as his opinion that medical men of to-day, with all the advantages of a superior education, were not so highly esteemed. The value we placed on our professional services had a considerable bearing on our "social position." In years gone by the really poor were treated with every consideration, but at the present time this was extended to a class who were not entitled to such indulgence. He looked on clubs as a kind of insurance for rainy days, and thought that they should be encouraged for suitable persons. He deprecated strongly the growing practice of charging one shilling for visit and medicine, as one which tended greatly to lower the social status of the profession. He thought it undesirable that the general practitioner should give up dispensing his own medicines. Finally, he touched on the vexed question of degrees.—An interesting discussion afterwards took place, in which many members joined.—A vote of thanks to the president for his address brought a highly successful meeting to a close.

PROVINCIAL MEDICAL SOCIETIES.

MANCHESTER MEDICAL SOCIETY.—A meeting of this society was held on Dec 6th, Dr. C. E GLASCOTT, president, being in the chair.—Mr. WALTER WHITEHEAD showed a man whose elbow he had excised for Ankylosis due to a Comminuted Fracture, the result of a fall. The interesting features were that one of the detached fragments strongly resembled the coronoid process and the fact of the case having been originally treated by a druggist, who professed to diagnose and reduce a dislocation and who afterwards attempted to complete the cure by passive motion. Mr. Whitehead also exhibited eleven Calculi which he had removed from the lower end of the ureter of a female after dilating the urethra and the orifice of the ureter. Frequency of micturition was the only subjective symptom, but the presence of a comet-shaped tumour in the region of the bladder-neck could be easily detected per vaginam and could also be traced through the abdominal wall by palpation.—Mr. F. A. SOUTHAM showed a Calculus removed from the Fossa Navicularis of an Adult, the subject of congenital phimosis and contraction of the meatus urinarius. It consisted of uric acid and was fusiform in shape, being an exact mould of the fossa where it appeared to have formed. Lying in the deeper part of the urethra there were several small phosphatic concretions, and the bladder contained a larger calculus, also phosphatic, the secondary result of chronic cystitis, apparently induced by the obstruction to micturition caused by the blocking of the terminal portion of the canal.—Dr. BROOKE related five cases of obstinate psoriasis—all in young males who had been subjected to the thyroid treatment as introduced by Dr. Byrom Bramwell. One "thyroidin" pellet was given daily. Not one of the cases showed any improvement; two were acutely aggravated and two complained of loss of virile power. Dr. Bramwell's reports seem to show that the drug is capable of influencing some cases very powerfully, but these results and those of other observers, communicated privately, prove that it is not in any sense a "specific," but that its field of action is limited.—Professor SHERIDAN DELÉPINE, in a lengthy communication on the important subject of Bacteriological Diagnosis of Cholera, after alluding to the difficulties attached to the clinical and anatomical diagnosis of Asiatic cholera when evidence of the epidemic character was absent, proceeded to show how this exposed the observer to the use of a vicious circle of arguments in arriving at a diagnosis. The six bacteriological tests admitted by Dr. Koch in his last communications on the subject were really reducible to two—(1) the evidence of a rapid production of nitrites and indol by cultivation in salted peptonised water; and (2) the evidence of great virulence towards guinea-pigs of recent cultures on agar. Dr. Delépine then briefly reported the results obtained in Manchester in cases submitted by Dr. Tatham, the medical officer of health. In these the striking feature was the ease with which various spores of the comma bacillus could be obtained from the same case, which were distinguishable chiefly by the rate at which they liquefied gelatine. By careful cultivation these could be maintained afterwards as permanent varieties. In addition the spirilla isolated in Manchester were in recent cultivations very virulent to guinea-pigs. In none of these cases had the stools or the intestines the appearances suggesting the existence of Asiatic cholera, and yet in three out of four of them spirilla indistinguishable from those of epidemic cholera were present. As some of these cases did not appear to have been exposed to infection, and as they had not been followed by others, they would, but for the bacteriological diagnosis, have been considered as cases of English cholera. Dr. Delépine then proceeded to discuss the recent publications of (1) Rumpel and Metschnikoff on the alleged presence of cholera bacilli in the stools of healthy patients; (2) Lesage and Macaigne on their absence in typical cases of cholera; (3) Cunningham and Klein on the variability of cultural characters; (4) Nicolle and Morax on the morphological differences indicated by the number of cilia; (5) Metschnikoff and Sanarelli on the variable degrees of virulence in the guinea-pig; (6) Blackstein, Sanarelli, and Neisser on the presence in water of spirilla morphologically and chemically similar to the spirillum of cholera Asiatica; (7) Sanarelli on the presence of spirilla having morphological, cultural, chemical, and pathogenic characters similar to those of the comma bacillus in contaminated water obtained from four different places in the neighbourhood of Paris; and (8) Metschnikoff and Sanarelli on the ambiguous results of inoculation. In conclusion, Dr. Delépine pointed to the great difficulties all these observations placed in the way of a dogmatic assertion of the infallibility of the bacteriological diagnosis of Asiatic cholera; the remarkable confirmation they afforded to the importance of contamination of drinking-water by human dejecta, and the support they also gave to the localistic theories of Cunningham and Pettenkofer, provided the latter's views were somewhat modified. The paper was accompanied by an extensive demonstration of cultivations and photo-micrographs. The four different kinds of pathogenic spirilla cultivated on gelatine, agar, and in peptonised bouillon, and of the comma bacilli obtained from four continental cases and two Manchester cases, were also shown.

MIDLAND MEDICAL SOCIETY.—At the second ordinary meeting of this society, held on Nov. 22nd, the President, Mr. A. H. EVANS, being in the chair, Mr. LAWSON TAIT showed the following: 1. A Uterus removed by Vaginal Hysterectomy from a woman in whom removal of the uterine appendages some nine months previously for double pyosalpinx had failed to give relief. The operation was successful, the patient being practically cured. 2. A Uterus with large Multiple Fibro-myomata, removed during the third month of pregnancy by a modified Porro's operation. The tumours blocked the pelvis and made it certain that normal delivery would be impossible. The patient made a good recovery. 3. A specimen from a case of Interstitial Pregnancy which proved fatal from rupture and intra-abdominal hæmorrhage.—Mr. L FREER showed a boy who had been the subject of Relapsing Talipes Equino-varus of the Right Foot, which he had treated successfully by multiple tenotomies.—Mr. BARLING showed a Stenosed and Inflamed Appendix which he had removed from a patient, and which had set up a fatal suppurative peritonitis. The patient, a girl aged fourteen years, was admitted to the General Hospital, Birmingham, under Dr. Simon, on Nov. 3rd, with acute abdominal pain, with a tense, rigid abdomen, fixed at the lower part, and an anxious face. The illness had commenced ten days before with diarrhœa, which persisted until admission, and one day there was vomiting. Pain was referred to the umbilicus chiefly. Both iliac fossæ were tender, but no tumour could be felt. There was some high-pitched resonance in the region of the cæcum. The urine had to be drawn off. The temperature was 101° F., the pulse being 120. The patient was menstruating for the first time. A history of a similar attack some months earlier was obtained. When examined under chloroform on the 4th a distinct thickening was felt in the right iliac fossa, and an incision directly over this, after opening the general peritoneal cavity, discovered matting of the cæcum and ileum, with hyperæmia around and some small patches of lymph. In the middle of the thickened tissues an abscess, holding about half an ounce of fetid pus, was found, and the appendix was removed from its midst, the cavity being packed and drained. For two days the patient appeared to be on the road to rapid recovery, then signs of approaching dissolution became manifest, and she died on the fourth day after operation. Subsequently to the removal of the appendix there was no vomiting or distension, or rigidity of

the abdomen. A necropsy revealed the existence of purulent peritonitis. The cæcum was healthy. The appendix at its distal part was much thickened, but did not contain either fluid or concretion. About an inch from its end it was completely stenosed, doubtless from the previous attack.—Mr. BARLING also showed another specimen of acute appendicitis, with perforation by a fæcal concretion. This was taken from a young man admitted to hospital with severe purulent peritonitis. There was no cause evident, and though the abdomen was drained and washed out the patient died three days later. An interesting feature in the case was that six months previously the patient had been operated on by Mr. Barling for peritonitis, the cause of which could not be discovered, and apparent complete restoration to health had resulted. At the necropsy a recent perforation of the appendix by a fæcal concretion was discovered and old adhesions from some previous inflammation. A second fæcal concretion was found free in the appendix. The cæcum was healthy, though there were adhesions around it, and its communication with the appendix was patent.—Dr. FOXWELL exhibited two specimens of Fibrosis of the Lung. In the first the patient, a needle grinder, had exhibited symptoms of dyspnœa with purulent bronchitis for two years. The lung had a moderately but universally thickened pleura. On section, throughout its whole extent deeply stained nodules of the size of millet seeds were seen, which to the touch were of cartilaginous hardness and under the microscope showed almost secluded bronchioles with much fibroid peribronchial thickening. The other lung was from a man who died from a great dilatation of all four cardiac cavities due to syphilitic myocarditis. The pleura in this case was immensely thickened and had contracted down upon the lung, reducing this to about one-half its normal size. On section the lung was seen to be uniformly dense and tough in consistence, with a general dilatation of the bronchi. There was much increase of fibroid tissue throughout the lung, but not special peribronchial development, nor were there any foci of abnormal pigmentation.—Mr. LAWSON TAIT then read a General Summary of Conclusions from his Entire Experience in Abdominal and Pelvic Surgery—about 4000 cases.

NOTTINGHAM MEDICO-CHIRURGICAL SOCIETY.—At the meeting on Dec. 6th Mr. ANDERSON read an account of two cases of Acute Peritonitis following Attempts to procure Abortion. In the first case the symptoms resembled those of intestinal obstruction. As there had been instrumental as well as medicinal attempts in this case, it was thought probable that the peritonitis originated from some source of infection in the pelvis. Laparotomy was performed, but no infection was found; there was no pus or fluid effusion, lymph sticking neighbouring coils of bowel together everywhere. The symptoms progressed, and death ensued in forty-eight hours. A carefully conducted necropsy failed to discover the cause of the disease. In the second case the symptoms were indistinguishable from those of perforative appendicitis. No instruments had been used, but excessive purgation had been caused by the drugs taken. The patient was six months pregnant. The symptoms began suddenly with pain and tenderness in the right iliac region. In this state she remained for some days, and then rapidly became worse, with typical symptoms of acute general peritonitis. At this time the local signs were tenderness in the cæcal region beyond what existed elsewhere, marked dulness on percussion, and the presence of a local swelling, which could be plainly felt, the patient being very thin. Perforation of the appendix was diagnosed and an incision was made over its site. On opening the peritoneum a mass of inflamed omentum was found stuck by recent lymph to the side of the uterus and abdominal wall. The adhesions were easily broken down. There was no perforation of the appendix or cæcum, and nothing wrong with them beyond inflammation of their peritoneal coat. The patient's condition before operation was desperate, but next day it had somewhat improved. Forty-eight hours afterwards she miscarried, and eventually she made a good recovery.—On Dec. 7th, Dr. WALTER HUNTER, President, being in the chair, Dr. HANDFORD showed a case of Dermatitis Exfoliativa Pigmentosa in a fair man, with light hair, who was aged fifty-five years; he was so deeply pigmented all over, but especially on the face, as to give rise to a suspicion of Addison's disease. But the mucous membrane of the mouth was not affected, the pulse tension was fair, the heart's action strong, and the general health good. The skin was rough and scaly, and occasionally bullæ appeared. The skin affection had commenced thirteen years previously in the left leg and had never been quite well since. Six months ago the disease spread from the legs to the trunk, arms, and face. The skin became red and irritable and shed a large quantity of scales daily. There was little infiltration. The pigmentation resembled that due to arsenic. The patient had been under Dr. Handford's care for about six weeks and during that time had not taken arsenic. His previous treatment was known for only a few weeks, and he had then taken very small doses of arsenic. The pigmentation had commenced only within the last six months.—Dr. E. C. KINGDON read a paper on the Recognition and Treatment of Strabismus. He said that one of the most common causes was hypermetropia in which divergent strabismus was rare and the convergent variety common. It depended on the difference between the optic and visual axes. The treatment was to correct hypermetropia by supplying suitable glasses; nearly full correction for constant use would certainly cure most cases. Where the squinting eye was amblyopic from disuse the sound one should be covered for some hours daily, and stereoscopic training should be used. Lastly, as to operative treatment, either internal tenotomy on the bad eye, or double internal tenotomy, or internal tenotomy combined with external advancement, might be employed. He then described the method of stereoscopic training. A divergent strabismus was often connected with myopia. Diplopia occurred in early stages. Later the retinal image of the unsound eye was discarded, and when that eye was blind from disuse the operative treatment should be confined to it. Among other causes of strabismus he mentioned cerebral tumour.

PLYMOUTH MEDICAL SOCIETY.—At a clinical evening held on Dec 9th, Mr. LEAH (Stonehouse), vice-president, being in the chair, Mr. ELLIOT SQUARE showed a case of Double Chronic Glaucoma treated by Iridectomy, the left eye having a persistent hyaline "duct," in connexion with which condition, exhibited an eyeball mounted in sections showing a similar structure. He also brought forward a young girl whose left lens had become cataractous from a perforating central wound of the cornea.—Mr. MARCUS BULTEEL showed a young girl from whose left eye he had removed a Conjunctival Tumour, and he also exhibited a microscopic specimen of the latter. No recurrence had taken place, and the conjunctival sac now, nine months after the operation, was perfect.—Mr. WOOLLCOMBE demonstrated: (1) a Cystic Kidney and Calculus removed by lumbar nephrectomy for lumbar pain, hæmaturia, frequent micturition and vomiting lasting fourteen years; gravel had been passed on several occasions; on exposing the left kidney, to which all the symptoms pointed, one-third healthy tissue was found, the remainder being one large cyst full of clear fluid, the opening of the ureter being blocked by a small branched calculus; the patient made a good recovery; (2) Meningocele removed from the Occiput of a Female Child six weeks old, situated one inch below the lambda and communicating with the subarachnoid space by a pedicle, which was ligatured; the wound healed by first intention, with no bad symptoms; and (3) for Mr. BEAN a case of Bilateral Paralysis of the Abductors of the Vocal Cords, probably syphilitic in origin.—Mr. LUCY showed for Mr. Whipple a Woman aged twenty-five, whose right knee-joint had been excised six weeks previously by a T-shaped incision, and the supra-patellar pouch dissected out; symptoms of tuberculous arthritis, traumatic in origin, had lasted for four years. An excellent result was obtained.—Mr. A. C. RENDLE showed a case of Macroglossia in a Female Child sixteen months old; the tongue and mouth were large; the dorsum of the former was especially thickened, and could be withdrawn—and was so during sleep—into the mouth. Inspector-General Lloyd, R.N., suggested a trial of the thyroid extract in this child, and Dr. Fox considered the supra-clavicular swellings to be the distended lung apices, and not such as are seen in cretins.—Mr. C. E. RUSSEL RENDLE showed a girl aged ten years with double congenital cataract in the right eye, and a central sclerosed mass with softer cortical opacities spreading to the front of the lens. The left eye presented almost the appearance of the posterior polar form. The right lens became cataractous after three needlings.—Dr. FOX showed a man who had suffered from ataxic paraplegia for two years, no rigidity of legs, gastric crises, and lightning pains or eye symptoms, but marked ankle-clonus and increased plantar and patellar reflexes as well as well-marked ataxic gait. There was no syphilitic history.—Mr. WOOLLCOMBE demonstrated a specimen of fluid from a hydatid cyst.—Mr. C. E. RUSSEL RENDLE exhibited a transverse section of eye removed for new growth, probably epithelioma, growing from the cornea; it had recurred after a previous local removal. The section, which was cut by

Mr. Andrew Pringle, was a complete one of the whole eyeball.

SHEFFIELD MEDICO-CHIRURGICAL SOCIETY. — At the meeting of this society on Dec. 7th, the President, Mr. RICHARD JAVELL, M.R.C.S., being in the chair, several specimens were presented. — Mr. MAKEIG JONES showed a Bladder with a large Swelling on the back near the apex, a Growth on the right side, and a large Ulcer opening into the Rectum. The lateral growth simulated during life an omental inguinal hernia. It looked like fat, but on section showed a cavity the size of an almond lined by epithelium. The specimen was referred to the Pathological Committee.—Dr. HUNT showed a Fungous Tumour of the Skull, which he believed to be a sarcoma originating in the diploë. There were depressions on the frontal area of the brain, chiefly on the left side, which seemed to account for twitching of the left arm and leg.—Dr. DAVY exhibited False Teeth and Plate passed per Anum, and Mr. PYE-SMITH exhibited some Calculi passed per Urethram.—Dr. PORTER showed two patients with Locomotor-Ataxy, both of whom had been distinctly benefited under increasing doses of ortho-phosphate of silver, which was said not to be followed by the peculiar discolouration of the skin incidental to the prolonged administration of other salts of silver. Mr. PYE-SMITH introduced a man from whom he had recently removed one lateral half of the Tongue.—Dr. SWEETEN showed two cases of Chronic Pemphigus—(1) in a woman aged thirty-eight years, with blebs, crusts, and pigmented spots, chiefly on the hands and arms. The disease began three years ago and continued steadily until the summer of 1892, when it entirely disappeared until August of the present year. The eruption seemed to have been favourably influenced, and the general health of the patient improved under small doses of arsenic. (2) In a razor-blade forger fifty-two years of age, with an eruption resembling in some respects pemphigus vegetans, which had continued to grow worse in spite of large doses of arsenic. The disease seemed to have existed for several years, but it had become much more active during the last few months. The feet and left groin were the parts most affected. Here the sites of the bullæ persisted as a pigmented, warty, moist surface, with a peculiar penetrating, gangrenous-like odour. Most of the bullæ elsewhere had disappeared, leaving no trace of their existence. The face had not been affected, nor had the interior of the mouth. There was no reason to suspect syphilis.—Dr. KNOX gave particulars of an unusual case of Injury to the Arm under the care of Dr. Sinclair White.—Dr. Porter read notes of a curious case of Multiple Neuritis attended with Joint Lesions. The patient was a gamekeeper aged sixty-five. There was no history of plumbism, alcoholism, or syphilis. The symptoms were flexion of the right wrist, with typical "main en griffe," extension of the left wrist producing an exactly opposite deformity, and slight ankle-drop in both feet. There was an entire absence of pain or tenderness in the affected joints. Grating sensations were felt in manipulating all the joints, with the exception of the hip, and there was distinct enlargement of the right shoulder and left elbow. The head of the right humerus was exhibited and showed distinct nodular outgrowths.—Mr. PYE-SMITH read notes of (1) a case of Gangrene of a Finger caused by a rag being tied too tightly round it in order to stop bleeding; (2) of a case of Brachial Neuralgia cured by evacuating a quantity of melon-seed bodies from a distended theca of the middle finger, the result of an accidental puncture nine years previously.

TORQUAY MEDICAL SOCIETY.—A meeting of this society was held on Nov. 28th, Dr. POWELL being in the chair.—Dr. POLLARD read notes of two cases of Carcinoma removed without recurrence.—Mr. J. H. HARRIS of Dartmouth read notes of a case of Embedded Renal Calculus removed by operation and showed the patient.—Mr. WATSON read notes of six cases of Empyema.—Dr. POLLARD showed microscopic sections of two cases of Carcinoma which he had removed successfully. The first case was that of a single woman aged forty-four, who had suffered from a scirrhus affecting the outer portion of the breast. This was an apparently unpromising case, as the patient had a marked family history of cancer. The whole of the breasts and some axillary glands had been removed; there was a recurrence in the scar twelve months after the operation; this was also removed, and at the present date, almost six years since the first operation, she was apparently quite free from disease. He agreed with those who advised excision of adjacent glands even when there were no physical signs of implication. The second case was that of a man aged fifty-three, from whom he had removed with an écraseur a small epithelioma affecting the side of the tongue. At the present date, almost four years after the operation, the patient is apparently free from disease. The specimen showed very well the epithelial columns growing down into the muscular tissue.—Mr. HARRIS showed a man aged thirty-seven, who for twenty-seven years had suffered from pain in the loin radiating to the groin and testicle, with frequent micturition, but he had never had any hæmaturia or pus in the urine, only a few oxalates being seen under the microscope. Mr. E. Hurry Fenwick had removed an oxalate calculus, weighing 100 grains, from the left kidney by the cortex route through the lower lobe. The top of the stone was water-worn where it projected into the pelvic channel. The wound healed by first intention, and the man is now well.—Mr. WATSON read notes on six cases of Empyema treated in the Torbay Hospital. Several cases of complete recovery were mentioned as having occurred in children after puncturing the thorax with a trocar and cannula, passing a drainage-tube through the cannula, and draining into some antiseptic dressing. This method was found very useful in children, and was recommended. If, however, the drainage was not sufficient, the thorax could be opened, a rib resected if necessary, and freer drainage obtained. In cases of large empyema a preliminary aspiration was recommended before opening the thorax. One case was mentioned where serious symptoms suddenly occurred after withdrawing eighty-one ounces of sero-pus. The patient recovered, and the thorax was opened on the following day. If the thorax had been opened without a preliminary aspiration, and the withdrawal of pressure had been more rapid, a fatal result might have occurred.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

OBSTETRICAL SECTION.

Exhibits.—President's Address.—Ventral Hernia.

A MEETING of the Obstetrical Section of this Society was held on Nov. 24th, Mr. A. J. HORNE, President, in the chair.

The PRESIDENT exhibited a large Ovarian Cyst, removed from a patient who had been the mother of several children, and who believed herself to be again pregnant in consequence of the increased size of the abdomen. He gave her some tonic medicine, and after three months she returned complaining that she had had a fall and that the child was displaced. On subsequent examination a very large ovarian cyst was detected. Although there was no pain or nausea the cyst was found to be closely adherent to the abdominal wall, and the adhesions were broken down with considerable difficulty. The patient now enjoyed good health.—The second specimen, one of Myoma, illustrated the difficulty in distinguishing between a solid ovarian tumour and a uterine myoma with a long pedicle. The tumour, removed from a patient of middle age, was easily discernible and very mobile. On opening the abdomen the tumour proved to be, not a solid ovarian tumour, as had been surmised, but a uterine myoma with a long pedicle. There was no difficulty experienced during the operation. The pedicle was transfixed and ligatured. The pulse remained normal for three days after the operation. On the fourth day it became more rapid, with a very trifling rise of temperature, and on the eighth day the patient gradually sank. There was no vomiting or diarrhœa, and he was at a loss to account for the untoward ending of the case. There was no necropsy.

Mr. M'ARDLE exhibited a simple Ovarian Cyst removed ten days previously. He then exhibited a case of Femoral Hernia containing an ovary. He diagnosed it as omental hernia. The presence of a glandular mass lying on the surface of the tumour added to the difficulty of diagnosis. The symptoms were those of a strangulated femoral hernia. When he cut down on it the sac came off entire and the tumour was left as a smooth mass. Then for the first time it struck him that the tumour was an ovary. He removed the tumour, closed the opening in the sac and closed the femoral ring. He held that he was justified in depriving this girl of an ovary, as the opening was so small that he could not return it; besides, it would have been impossible for him to return it without cutting Poupart's ligament, and thus inflicting upon the girl a life-long trouble.—Mr. TOBIN said he would like to obtain an

opinion on one point—viz., where the ovary was capable of being returned into the peritoneal cavity, whether it would be well to do so or not, as there was a danger of its forming adhesions to the peritoneum, where it had recently been lying.—Dr. A. J. SMITH said that the question was whether this case should not have been operated on by an abdominal section, as probably this ovary might have been an accessory one. If they operated from above they could easily see whether there was a second ovary and whether it might be possible to draw back the mass.—Dr. MORE MADDEN believed that displacements of the ovary were very often neglected and their symptoms generally ascribed to other intra-pelvic morbid conditions. He said that these displacements, although occurring in the femoral and inguinal regions, were most frequent in the retro-uterine cul-de-sac. He thought that they should follow some rule as to the treatment of these displaced organs. If they were the cause of great trouble and pain, especially increased at the menstrual period and leading to reflex nervous symptoms, he thought that they should follow the practice which Mr. M'Ardle adopted and remove them.—Dr. ATTHILL thought these cases were exceedingly rare and more within the province of the surgeon than that of the gynæcologist. Although he was one of the first to commence abdominal surgery in Dublin, still he believed that the tendency was now to go too far in that direction. With regard to Mr. Tobin's question, he thought that in cases such as those referred to the ovaries should be removed.

Dr. A. J. SMITH exhibited two specimens of Ovarian Cyst. He said one was removed from a girl aged seventeen years, who made a good recovery. It was a simple cyst of the ovary. The interesting point about it was that the patient did not know that there was anything wrong with her or that she had a tumour. In the next case the patient had been married for eleven years and had no family. Three years ago she began to complain of pain in the left side and felt something "wobbling about" in her abdomen. On examination under ether a fairly solid ovarian tumour was found. On abdominal section the Fallopian tube was seen to be distended into little sacculations quite distinct, and so patulous that the sound could be passed through it. He had probably, when using the sound, passed it into this patulous tube.

The PRESIDENT then delivered an opening address. He briefly reviewed the history of the study of medicine and surgery in Ireland from a remote date, noting the fact that there was historical evidence of medicine having been studied and practised there more than 100 years B.C. He dealt in some detail with the rise of the Dublin school of midwifery and gynæcology and the establishment of the Rotunda Hospital in 1745, and referred to names and writings of the many distinguished obstetricians who have since flourished in that country. The dates of the foundation of most of the British lying-in hospitals were mentioned, and also the strange fact that as late as 1854 Mr. Guthrie informed a Committee of the House of Commons that "no instruction was given to midwives in England."

Mr. M'ARDLE then read a paper on Ventral Hernia and adduced three cases of the affection. One of them followed a laparotomy for abdominal tumour and was very extensive. In explaining the occurrence of such ruptures Mr. M'Ardle said that want of union of the mid-stratum, made up of the elastic fascia of Scarpa and the aponeurosis—formed by the fusion of the tendons of the external oblique, internal oblique, and transversalis—was the only pathological condition present in all these cases. Mr. M'Ardle then proceeded to explain the failure in effecting complete union after the radical operation. There was a disposition, he said, to complete operations on the abdomen by passing a row of deep sutures embracing the entire thickness of the abdominal wall, and intermediate superficial sutures usually securing skin only. He believed that many cases depend for complete restoration of the abdominal wall on contraction of a very extensive cicatricial deposit between the widely separated lips of the aponeurotic opening. The failure of one or two sutures to engage a considerable mass of the mid-stratum of the abdominal wall would account for many of the protrusions which follow laparotomy. Occasionally, too, unless all the layers of the abdomen were drawn together, hæmorrhage occurred during reaction. The causes of want of union of this essential layer of the abdomen were then mentioned and a remedy suggested.—Dr. A. J. SMITH said that when he last read a report of abdominal section ventral hernia occurred in two of his cases. One of the explanations then given was that there were abscesses in the track of his sutures, while another was that there was bad adaptation of the surfaces together. The difficulty was how subsequently to treat them. He said there was no abscess whatever, but after a month or so this accident occurred on very slight exertion. He did not believe that abscess was the cause of ventral hernia at all, and he agreed with Mr. M'Ardle that the retraction of the elastic aponeurotic fibres of the mid-stratum seemed to be the most important with reference to the union in abdominal sections.

MEDICAL SECTION.

Clinical Notes.—Warty Disease of the Legs.—Pernicious Anæmia.

A meeting of the Medical Section was held on Nov. 17th, Dr. WALTER G. SMITH, President, in the chair.

The PRESIDENT brought forward some clinical notes of recent cases. He first showed photographs of a case of Elephantiasis of the Left Leg in a man aged twenty-five years, and of another case which had been successfully operated on by Dr. Ball by excision of wedges of tissue from the limb. The results of the operation were most successful. The next case was one of inflammation of the right breast in a woman aged thirty years and in the fourth week of an attack of enteric fever. The inflammation resolved quietly in a few days, and Dr. Smith regarded the mastitis as probably analogous to the case of parotitis or orchitis which occasionally complicate enteric fever. The complication of mastitis had not, to Dr. Smith's knowledge, been previously recognised. The third case was one of aortic patency. The special point about it was the occurrence of a powerful and diffused thrill accompanying the diastolic murmur. This, he said, was a rare occurrence, and Walshe had met with it only once. The last case introduced the question of the early diagnosis of scarlet fever and the difficulties that beset it. Some illustrative cases were narrated, and it was pointed out that the compulsory notification of infectious diseases had increased those difficulties.—Dr. TWEEDY mentioned a case somewhat parallel to Dr. Smith's case of mastitis occurring as a sequela of typhoid fever. As regards the difficulties met with in the diagnosis of scarlet fever in its early stages, he mentioned some mild cases occurring in the Royal Irish Constabulary Depôt, Phœnix Park. They came into hospital with a temperature of 102° F., which only lasted one night; they had some sore-throat and headache, sometimes a slight rash over the sternum, and sometimes some desquamation followed.—Dr. DRURY mentioned two cases illustrating the difficulty in the diagnosis of scarlet fever. One was a child three years old, who was attacked with vomiting and headache and sore-throat one morning. In the evening a rash came out. He saw it the following morning, and there was a bright punctate rash on the chest. The temperature was 102°, the pulse 152. By the end of a week the temperature was quite normal. The curious part of the case was that no desquamation took place.

Dr. H. C. TWEEDY exhibited a case of extensive Warty Growths completely encircling both legs and separated by sharp lines of demarcation from the healthy skin above and from the feet by a greatly thickened roll of integument. The patient, a man fifty years of age and a groom by occupation, had contracted syphilis fourteen years previously. This had been followed by ulceration and swelling of the legs, and subsequently by the formation of extensive warty growths between the lines of demarcation mentioned, and above were scattered tubercles and one large raw-ham-coloured plaque in the right popliteal space. Dr. Tweedy expressed his opinion that the disease was of syphilitic origin.—Dr. SMITH said that he thought the diagnosis of the disease as a syphilitic lesion was an open question. He would be inclined to class it as a case of "elephantiasis," remembering the loose way in which that term was applied.

Dr. CRAIG exhibited a case of Pernicious Anæmia, and subsequently read a paper on the subject. In the case exhibited, the lemon colour of the face, the changed character of the blood, a history of dyspepsia and shortness of breath, slight irregular pyrexia, hæmic cardiac murmurs and venous bruit in the neck, with great excess of aromatic sulphates in the urine, were the chief symptoms noted. The absence of retinal hæmorrhages, and of iron and urobilin in the urine, was pointed out. The treatment adopted by Dr. Craig in this case was a milk and farinaceous diet, and the administration of twenty-five minims of liquor arsenicalis daily. He was disappointed with the effects of the arsenic.—Dr. LITTLE said that he had noticed that this disease occa-

sionally affected members of the same family. Many years ago he attended a woman suffering from it, who died; four or five years afterwards her sister died from the same disease, and later their brother also succumbed to it. They were all about the same age at the time of death.

PATHOLOGICAL SECTION.

Hydrocephalus.—Case of Cystitis with Surgical Kidneys.—Apoplexy of Mesentery.—Dilatation of Stomach with Enteroptosis of the Transverse Colon.

A meeting of the Section of Pathology was held on Dec. 1st, Dr. SCOTT, President, being in the chair.

Dr. O'CARROLL showed a Hydrocephalic Brain taken from a boy thirteen years old, who had died suddenly after a week's illness, of which the most prominent symptoms were morning vomiting and headache. No cause for the sudden death could be found. The hydrocephalus had existed from about the ninth month after birth. The anatomical cause of the hydrocephalus seemed to be an abnormally thick and perfectly imperforate inferior medullary velum, which bound the medulla closely to the cerebellum.

Dr. M'WEENEY showed the Urinary Organs in a case of Cystitis in a man aged thirty-five years, who was admitted to the Mater Misericordiæ Hospital, under the care of Dr. Boyd and Mr. Hayes, suffering from fever (102° F.) and complete inability to pass urine, with great pain in the urethra and hypogastrium. He had had gonorrhœa twenty years ago, followed by stricture. The urgent symptoms having been relieved by supra-pubic tapping, a catheter was with much difficulty introduced. Shortly afterwards the patient gradually became weaker, his temperature fell to 96°, and he died with symptoms pointing to uræmia on Oct. 30th. The prostate was found to be enlarged and its glandular apparatus changed into a series of abscess cavities filled with viscid, greyish muco-pus, in which were suspended hundreds of black gritty calculi of irregular outline, having on an average the size of a millet seed. The bladder was greatly thickened and sacculated and the mucous membrane was in places coated with a kind of diphtheritic exudation. There was no tendency to the deposition of phosphates. The kidneys were deeply congested and the cortex was thinned and presented numerous small white patches. The right ureter was dilated in its lower fourth and the wall was intensely hyperæmic; but no obstruction could be found save perhaps at the orifice of the ureter, which was narrowed. The microscopic examination of the kidney showed extensive small cell infiltration; atrophy of glomeruli, with conversion of some of them into masses of hyaline material; loss of epithelium and shrivelling of convoluted tubules, with disappearance of nuclei in many of the cells that remained; hæmorrhages into tubules as well as into interstitial substance; and colonies of bacilli not demonstrable by Gram's method, and similar in appearance and arrangement to bacillus coli. The mucous membrane of the bladder showed loss of epithelium, phagocytosis in the submucous tissue, with extensive hyaline changes. The prostatic calculi had been analysed by Mr. Adeney.—The PRESIDENT mentioned a similar case he had examined.—Dr. FINNY suggested that the disease of the aortic valves might be due to a diphtheritic inflammation. If this were so, many of the symptoms of the case would be explained.—Dr. M'WEENEY, in reply, stated that the aortic disease seemed to be of long standing and that there was no evidence of secondary suppurative foci in any of the viscera. The micro-organisms he found in the kidney were bacillary, and he believed ulcerative or diphtheritic endocarditis was caused by coccii. He had no evidence in the history or the post-mortem appearance of any coexistent disease to account for what was found in the kidney.

Mr. F. A. NIXON exhibited a specimen of Apoplexy of the Mesentery, taken from the body of a woman aged sixty years who had been found in a dying condition at the foot of the steps of her residence. She had some time previously undergone a slight operation for disease of the cervix uteri, and during convalescence had suffered from an apoplectic seizure, with hemiplegia. More than a foot of the small intestine was surrounded by soft blood-clot; the vessels generally were atheromatous. There was hæmorrhage into the left broad ligament, also into the left inguinal canal. There was slight hæmorrhage from the vagina. There was no evidence of external injury.—Dr. M'WEENEY described a case in which there was thrombosis of the superior mesenteric vein, with great dilatation of its tributaries and intense congestion of the portion of intenstine from which the veins sprang. This was in a state of hæmorrhagic infarction, and there seemed to have been a weeping hæmorrhage into the bowel, for it contained about a quart of blood. The patient was a girl, who came into hospital with an abscess in her neck, and after it had been opened she developed erysipelas. She went on well for a few days, when she was seized with violent pains in her stomach, and died in a few hours.

Dr. H. C. TWEEDY exhibited a case of Dilatation of the Stomach with Enteroptosis of the Transverse Colon. The stomach extended from the sixth intercostal space on the right side and covered both iliac fossæ, concealing all the other abdominal viscera with the exception of a wedge-shaped portion of the left lobe of the liver, which occupied a furrow corresponding to the lesser curvature. On raising the stomach the transverse colon was found close behind it, about the level of the anterior superior iliac spines. The ascending and descending colon occupied their normal positions, as did also the liver, spleen, and kidneys; but the angles formed at the hepatic and splenic flexures of the colon were greatly accentuated in consequence of the prolapse of the transverse portion, and there was an almost entire absence of omentum. Dr. Tweedy drew attention to two or three salient points brought out by the history of the case.

Reviews and Notices of Books.

Hygiene and Diseases of Warm Climates. Edited by ANDREW DAVIDSON, M.D., F.R.C.P. Edin., late Visiting and Superintending Surgeon, Civil Hospital, and Professor of Chemistry, Royal College, Mauritius, Author of "Geographical Pathology." Illustrated with Engravings and Full-page Plates. Edinburgh and London: Young J. Pentland. 1893.

FIRST NOTICE.

THE design of this work is excellent and it serves to fill a space in the requirements of the profession at the present time, for there is no existing work representing current views of the science and practice of medicine and hygiene in respect of the diseases of tropical or sub-tropical climates to which the practitioner can turn for reference. First of all, looking at the volume only from the outside, as it were, we notice that it is a big book, consisting, with its index, of over 1000 pages, and it is well got up, printed, and illustrated. The list of contributors numbers sixteen names, all of whom by their experience and opportunities are doubtless well qualified—some of them eminently well qualified—to write upon the subjects to which their names are respectively attached. The book, which contains twenty-four chapters and an appendix, is divided into hygiene, general diseases, and local, parasitic, and skin diseases. The subjects are not all of equal interest, of course, and do not all admit of being treated in the same instructive way, because some of them deal with what is already more or less well known, and possess, therefore, relatively few features of a novel or striking kind. Taking the contributions altogether, however, they make a high average, and some of them—notably those on Beri-beri and Parasitic Diseases—are admirable. For those who are about to take part in any medical congress in which a section is devoted to the consideration of tropical medicine and hygiene the book will prove valuable, for it will enable them to ascertain and separate what is already known from what is unknown, doubtful or contentious, and consequently to focus their attention on the points with regard to which further light is still required.

We must premise that it would be impossible within the limits of the space at our disposal to do more than to briefly notice the various contributions of the different authors, touching here and there upon some salient points. The first subject which naturally comes to be considered is the Influence of Warm Climates on the Constitution. This is briefly, but at the same time clearly, discussed in an excellent article by Dr. Edward A. Birch. The points taken up are the evidences of the influence of warm climates

on the constitution and on the physiological functions, the theory of acclimatisation, and the influence of such climates on pathological processes. It will be remembered that Professor Virchow, in his address to the Congress of German Naturalists and Physicians at Strasburg in 1885, called attention to a sphere of research in which he thought that neither the French nor the English had hitherto accomplished much of importance—viz, the modifications of the organism, and particularly the special alterations of each organ, connected with the phenomena of acclimatisation. The subject is one of wide scope and of much difficulty, and obviously requires the accumulated results of a series of patient observations on the part of numerous investigators for its elucidation; but for a country like our own—with its possessions and colonies and its systems of rapid maritime steam communication, together with the fact that the British race has become one of the most cosmopolitan of races—the influence of warm climates possesses a very practical significance. The evidence presented by a study of the comparative mortality of Europeans resident in temperate and tropical climates is derived from British troops, women and children in India, from records of the native soldier of India when translated from his own district into others which are foreign to him, and from Africans in Ceylon. Reference is made to the observations of Dr. A. Crombie of Calcutta and to those of Rattray in the tropics and England regarding the influence of tropical heat and residence upon the natural temperature of the body. It seems to be fairly well established that the European newly arrived in the tropics exhibits a somewhat higher temperature than the older European resident, and this is hypothetically assumed to be attributable to the fact that the vital functions in the newly arrived are working after the European model, the skin not having had time to assume to the full its vicarious functions and to counter-balance the great additional external heat; at all events, it is said to be a common observation that the old resident perspires more freely than the new arrival. As regards respiration the correctness of Rattray's deductions, published in the proceedings of the Royal Society, are generally admitted. In females the advent of the menstrual function is largely influenced by warm climates, and reference is made to the results of some interesting observations by Dr. K. N. Das, registrar to the Medical College Hospital, Calcutta, in this respect. The next article, on the Hygiene of the Tropics, is from the pen of the present Professor of Military Hygiene at Netley, and it includes the consideration of the hygiene of troops in times of peace and war and some observations also on the change of climate. There is, of course, a great deal of condensed information in this article, which, in its general character and advice, may be regarded as sound and practical. Tropical Naval Hygiene, by Fleet-Surgeon R. W. Coppinger, is a very good and clearly written contribution. "A ship," the author says, "viewed as a habitation, contrasts with the ordinary dwelling-house in the following respects: (1) it is built altogether of wood or of iron, or of a combination of both; (2) it is immersed in water; (3) it is much exposed to the weather from above; (4) it (if a steamship) contains a large quantity of coal." From these points of view the author enters into a consideration of his subject, which he discusses in a really interesting and instructive manner in the course of thirty pages or so. Malarial Diseases, by Dr. Andrew Davidson, is an elaborate and carefully written article. It embodies all the latest investigations and views regarding the nature of malarial infection and its etiology in relation to parasites, and is excellently illustrated by a plate showing some phases in the evolution cycle of tertian and quartan fever. The conditions of development of malaria, its relation to other diseases and to the climatic and non-malarial fevers of warm climates, the different forms of malarial disease with its complications and sequelæ and their treatment, and especially the pathological anatomy of malaria, are fully and well given. We should be glad to have had more light thrown upon the nature and pathology of those febrile cases in which the increased heat seems to constitute the disease—cases which go on from week to week and even from month to month with a monotonous sameness uninfluenced apparently by quinine, arsenic or other drugs. The article on Tropical Typhoid Fever by Surgeon-Captain H. R. Whitehead, F.R.C.S., Army Medical Staff, gives a good account of the disease as it is met with in army life, and that portion devoted to the bacteriology of the disease is illustrated by an excellent coloured plate of the typhoid bacillus—Eberth's bacillus. The author sets forth some of the difficulties attending a consideration of the etiology, causes and diagnosis of the malady in hot climates. The limitation of the spread of this insidious disease is only to be accomplished, he holds, by destroying the micro-organism upon which it depends and by which it is propagated; the keynote in its prevention is the destruction of the specific microbe in the stools and disinfection, in the widest sense, of all articles soiled with typhoid discharges. We approve his advice and cautions about the use of alcoholic stimulants in typhoid fever in hot climates, and agree with his remark that there is considerable doubt whether the eruption of typhoid fever is to be regarded as analogous to the eruption of the acute specific fevers or whether it is secondary to the involvement of Peyer's patches and the solitary glands of the intestine. We are of opinion that the incubation period of enteric fever is frequently much longer than is generally supposed.

LIBRARY TABLE.

Diaries and Pocket-books.—We have received from Messrs. Hazell, Watson and Viney, Limited, their medical pocket-book for the coming year. This pocket-book—well known under the title of "Smith's Physicians' and Surgeons' Visiting List"—is certainly one of the most complete articles of its sort. It contains, in addition to an almanac and ruled pages for visiting list and journal for a twelvemonth, such useful information, in epitomised form, as a guide to the charges that should be made by medical men, the Royal Humane Society's instructions for the restoration of the apparently drowned, an abstract of the Infectious Diseases (Notification) Act, and a comprehensive guide to prescribing. In many ways we can understand that a medical man might find this pocket-book invaluable, and the price asked, 6*s.* 6*d.*, is decidedly moderate.—*Letts's Diaries:* Messrs. Cassell and Co. have sent us specimens of the medical pocket-books published by them under the title of "Letts's Medical Diaries," and also specimens of their Letts's Office Diaries, in several sizes. The medical pocket-books can be obtained at prices varying from 2*s.* 6*d.* to 15*s.*, according to the paper and binding; and, like the pocket-book we have previously noticed, contain most necessary information as well as the blank pages for note-taking and cash accounts—for instance, the rules for the registration of births and deaths, a tariff of medical charges, a classified list of drugs, and a list of poisons and their antidotes. The familiar quarto and large octavo office diaries hardly need commendation; they are an established success and deserve their position.

PROPOSED SMALL-POX HOSPITAL FOR HALIFAX, YORKS.—The corporation of Halifax are desirous of borrowing money for the purchase of land on which to erect a small-pox hospital. Mr. F. E. Tulloch, a Government Inspector, and Mr. Thompson of the Medical Department, were appointed to examine into the merits of the application and to take evidence thereupon. Mr. Ainley, the medical officer of health, and other gentlemen spoke in favour of the scheme, which was adversely criticised by some members of the town council, chiefly on the ground of its cost.

THE LANCET.

LONDON: SATURDAY, DECEMBER 23, 1893.

THE MODERN SYSTEM OF EXAMINATIONS.

IN our recent criticism on the present system of examinations, particularly as regards those held by the Conjoint Examining Board in England, we pointed out that no sufficient discrimination had been made between the scientific and the technical branches of the medical education. Chemistry, physics, and elementary biology can be studied before registration, and we think that in giving this permission the Committee of Management of the Conjoint Board are acting wisely, but it is unjust that students who avail themselves of this recommendation should be compelled to a further full five years' curriculum. In the universities, and in the case of students who register on admission to their medical schools and then pass these examinations, such study is included in the curriculum. We would urge very strongly that the scientific studies which are necessary to a proper appreciation of the technical subjects involved in a proper course of medical study should have a year devoted to their special attention, and that such year should be included in the five years curriculum. In other words, biology, physics, and chemistry should be considered apart from ordinary medical studies, and students who cannot pass an average examination in these should not be allowed to proceed to the other technical subjects. Elementary anatomy and practical pharmacy should not be included in this first examination, and ought not to be studied until after the scientific subjects have had due attention, and until the candidate has satisfied the examiners with regard to his knowledge of them. We question very much the real value of an examination in elementary anatomy which only includes (1) the bones, and (2) the attachments of the muscles to the bones of the upper and lower extremities, subjects in which prior to the examination the student must have received instruction for six months during the ordinary sessions of a recognised medical school. The examination is a short *viva voce* one, and the candidate is generally referred on account of a want of acquaintance with the tarsal or carpal bones or with the articulations of the bones of the skull. It is obvious to every one who is engaged in teaching that until the student has dissected—and there is no regulation in the rules laid down by the examining board which necessitates his dissecting previously to this examination, moreover he cannot dissect the head, neck, or trunk to much advantage in his first year—the bulk of his information is a sheer "cram," and that his knowledge should be properly tested at the examination in anatomy and physiology at the end of his second year. In fact, in the new curriculum the examination in elementary physiology has been abandoned, and there is no reason why that in elementary anatomy should be retained. With regard to practical pharmacy, it is necessary to remember that under the regulations antecedent to 1892 materia medica and pharmacy could be taken as part of the first or second examinations. In those days the candidate was required, under the head of materia medica, to possess such knowledge of the drugs of the British Pharmacopœia derived from organic substances as should enable him (*a*) to state their origin, and (*b*) to name their active principles and to show a practical acquaintance with the physical properties of certain scheduled drugs. Under "pharmacy" he had to be acquainted with the pharmacopœial preparations, the medicinal application, and the ordinary doses of a scheduled list of drugs. Candidates under this scheme never knew whether they were expected to have the knowledge possessed by a pharmaceutical chemist or by a skilled general practitioner of medicine.

The old examination in materia medica is now split into two parts: one, which is designated "practical pharmacy;" this includes the general nature and composition and the most important physical and chemical characters of a scheduled list of drugs, the composition of the pharmacopœial preparations containing these, their doses and their recognition; the other, under the head of "pharmacology," is defined as the application of knowledge of the action of medicinal agents on the body in health and disease. The synopsis of such actions is marvellous in its comprehensiveness and minute application. The first part, or practical pharmacy, may be taken before registration, and before entrance at a medical school. If it is meant by this that a candidate shall have learnt practical pharmacy in a dispensary with a registered general practitioner, or under charge of a member of the Pharmaceutical Society—if, in fact, he is to be examined in pharmacy, and not in therapeutics or dosage—different regulations should be laid down, and examination in "practical pharmacy" (which nowadays is very little more than dispensing) should be plainly limited. With set hospital formulæ, and with those supplied to us by the numerous and energetic pharmaceutical chemists who send us circulars day by day, we fear that prescribing is becoming a lost art. If a student can pass in practical pharmacy at his third as well as at his first examination, it is difficult to see why an examination therein is placed in the fore-front of his medical studies. When the apprenticeship system was in vogue and the pupil had to prepare and dispense medicines, a sufficient reason for an early examination in practical pharmacy was obvious; but as now almost every student passes from the school to his medical classes and at once enters on the study of the various branches of medical science without knowing anything of the practical details of the profession, such examinations as those in elementary anatomy and in practical pharmacy become questions of pure "cram," for they are concerned with subjects in which he cannot as yet be expected to take any real interest. Moreover, as elementary anatomy is unnecessary, and practical pharmacy may be postponed to his third examination, such examinations absolutely disorganise the proper teaching of anatomy and physiology, which would naturally come after the candidate had passed a proper examination in arts and in science. There should be a distinct gradation in arts, science, and technics.

AT the meeting of the Medical Society of London on Monday, Dec. 11th, a paper (which we published in our last issue) was read by Dr. HERBERT SPENCER giving an account of the first series of fifty cases in which he had performed

ovariotomy. Forty-four of the operations were performed in University College Hospital, the remainder being private cases. In these fifty cases there was but one death. This is a record on which Dr. SPENCER is to be congratulated. After dealing with various points of interest in his cases, such as the previous history of the patients, the exact technique adopted in the operation, the time occupied in operating, and the after-history of the cases, Dr. SPENCER went on to consider the question, "Who should perform ovariotomy in the general hospitals?" Before remarking on this question we may perhaps clear the ground by asking another—viz., should ovariotomy be performed in general hospitals? Most of us can remember the time when this question would have been universally answered in the negative. By going back a little further we come to a time when the question was even simpler—"should ovariotomy be performed at all?"—and at the time we have referred to this question also was almost universally answered in the negative. So that we have had, first, a time when the operation was universally condemned, no matter where and by whom performed; then came a period, more especially associated with the name of Sir SPENCER WELLS, when it was shown that ovariotomy could be performed, under special conditions, with a mortality of 34 per cent., which was Sir SPENCER WELLS's mortality in his first 100 cases (from 1858 to 1864). The natural history of ovarian tumours was well known; in all but an insignificant proportion of cases they proved fatal to their victims in a comparatively short time, and therefore even that mortality, which we should now regard with amazement, at the period of which we are speaking at once placed the operation on an established basis. Among the special conditions at that time insisted on as being essential to success were these two, that the operation should not be performed in a general hospital, and that the operator should not be engaged in the practice of obstetrics. Thus Sir SPENCER WELLS says in his well-known account of "The Rise and Progress of Ovariotomy," "I contended that obstetrics and operative surgery should seldom be permitted in the same building, or by the same surgeon in private practice, and that such an operation as ovariotomy should never be performed where patients with uterine cancer or offensive discharges of any kind may pollute the place." The feeling that ovariotomy could not be successfully performed in a general hospital was so strong that until the year 1884 a private house in the neighbourhood of University College Hospital was used for operating on cases of ovarian tumour, and the ovariotomies were performed by the obstetric physicians. As the results were satisfactory, it became evident that one of the conditions mentioned above, that had been insisted on by Sir SPENCER WELLS, was not really essential, and that it was quite possible for ovariotomy to be successfully performed by operators who at the same time were engaged in the practice of midwifery. Another step towards establishing the present condition of things was that the obstetric physicians at University College Hospital ceased to perform their ovariotomies in a private house, and operated in a special room in the hospital itself. Still the results were satisfactory, so that the other condition formerly insisted on by Sir SPENCER WELLS, restricting the place where ovariotomy could be successfully performed, was proved to be unnecessary. Now we find ovariotomy performed in every general hospital in London, and in most of them the obstetric physicians operate on their own cases. That ovariotomy should have become recognised as an operation that can be successfully performed in a general hospital, and by an obstetrician, is without doubt largely due to the operative dexterity displayed by Dr. JOHN WILLIAMS at University College Hospital; and to him the obstetric physicians who perform their own ovariotomies in the general hospitals are in no small degree indebted for the privilege they have obtained.

The question as to who should perform ovariotomy in the general hospitals, which was discussed by Dr. SPENCER in the latter part of his paper, is of course one on which different opinions are held; and there is, it is hardly necessary to say, something to be advanced in support of each of the various courses that may be adopted. Thus it is urged, on the one hand, that obstetrics and gynæcology have many points of contact, and that these branches of work in many places actually overlap; that the association between them is so intimate that they cannot be usefully studied separately; that as a matter of fact the duty of the obstetric physicians comprises not only the supervision of the maternity department and attention to any difficult or dangerous cases that may occur among the lying-in women in that department, but also—and this indeed constitutes the greater portion of their hospital work—regular attendance at the hospital for the purpose of seeing patients, either in the out-patient department or in the wards, suffering from some of the diseases peculiar to women; that, in fact, at the general hospitals every obstetric physician should be a gynæcologist also, and, since it has come about that much of the treatment required in gynæcological cases is of an operative nature, that he ought to be at liberty to do with his own hands whatever is necessary within the limits of his own department. Further, it is urged, by obstetric physicians, that the experience obtained by performing their own ovariotomies (and allied operations) is of the greatest value to them as an educational factor in the direction of accurate diagnosis of the state of the pelvic organs, and that, just as it would be difficult for a physician to attain to a sound knowledge of his work if he never had the opportunity of conducting a post-mortem examination in any of his cases, a gynæcologist who never performs abdominal sections is deprived of a valuable means of arriving at the highest pitch of diagnostic efficiency of which he may be capable. On the other hand, from the surgical point of view, it very naturally appears to be an anomaly that operations should be performed by practitioners officially known as physicians (a difficulty which might perhaps be overcome by the adoption of a suggestion frequently made that obstetricians and gynæcologists should henceforth be regarded as *surgeons*), and stress is laid on the difficulty of diagnosis in some cases of abdominal tumour. For example, a renal tumour may be found instead of an ovarian cyst, and there is undoubtedly force in the argument that whoever performs an abdominal section should be competent to deal with whatever condition may present itself.

At the present time there are three different systems in operation at the various London general hospitals. There is the system at University College Hospital, where we believe all the ovariotomies are performed by the obstetric

physicians; secondly, there is the practice at St. Bartholomew's Hospital, where the obstetric physicians do not perform ovariotomy, but transfer cases of ovarian tumour to one of the surgical staff for operation; finally, there is the middle course in vogue at the majority of the general hospitals in London—that is to say, the surgeons operate on the cases that come to them, and the obstetric physicians operate on such of their own cases as require abdominal section. This appears to be, perhaps, the fairest settlement of a difficult question. Mr. PEARCE GOULD, who spoke in the debate at the Medical Society, expressed the opinion that this was the wisest plan. We may take it, therefore, that at the Middlesex Hospital the system has been found to work well, and, as far as possible, to please both parties; and it would seem that at the other general hospitals where it has been tried, the result has been equally satisfactory.

THE Sanitary Institute of Great Britain was decidedly fortunate in securing a sanitarian of proved ability, such as the author of our standard English text-book on Vital Statistics, for the delivery of a lecture introductory to the course on the Sanitation of Industries now being given in London in connexion with the Institute. Dr. NEWSHOLME'S lecture bears evidence of careful thought, wide reading, and methodical treatment. It is, in fact, typical of what an inaugural address on such an occasion should be. Whilst passing unnoticed no important principle that ought to receive attention in a course of lectures on Industrial Hygiene, it nevertheless leaves the details of the various subjects to be dealt with according to their own judgment by the several lecturers to whom they have been entrusted.

In his opening remarks, as well as at various stages of his lecture, Dr. NEWSHOLME acknowledges his obligations to the laborious investigations of Dr. WILLIAM OGLE, of the General Register Office, from whose published reports he has quoted freely; and we are sure that he will agree with us in regretting that conditions of time have precluded the postponement of publication of his lecture until the fourth volume of the 1891 Census Report had seen the light. He has also availed himself of Dr. ARLIDGE'S classical and exhaustive treatise on the Hygiene of Occupations in order to emphasise several important points which that writer has treated with peculiar and characteristic perspicuity. Dr. NEWSHOLME has, we think wisely, borrowed somewhat largely from both the matter and the manner of these two writers, whose work constitutes, as he regretfully confesses, almost the whole literature of the subject in the English language.

Passing over, for lack of space, the lecturer's apposite remarks on the importance of the subject, as well as his lament on its past neglect both in English literature and in English law, we come to what appears to us to be the most important and interesting part of the lecture—namely, that in which Dr. NEWSHOLME lays down with due sternness the precautions necessary to the correct interpretation of the statistics of occupational mortality and to draw therefrom legitimate conclusions. To begin with, he properly lays stress on the doctrine so ably set forth again and again in his own work on Vital Statistics, that "correct statistics of any occupation can be obtained only when the deaths in that occupation are stated in proportion to the total number of persons engaged in it. We must be satisfied ..... that the population enumerated is precisely that which produces the deaths registered, the great desideratum being to determine the number of annual deaths at each age which take place among the living at the same age." These rules have been so frequently neglected as to render untrustworthy a large portion of the occupational statistics hitherto published. Again, Dr. NEWSHOLME rightly exposes the mischievous fallacy involved in the acceptance of what is known as the "mean age at death" of men employed in different industries as a measure of their relative healthfulness or the reverse. "The mean age at death," he insists, "is governed by the mean age of the living, and it is as much affected by the ages at which people enter and leave any given occupation and by the increase or decrease of employment as by its salubrity or insalubrity." Several remarkable instances are given by Dr. NEWSHOLME in which this precaution has been neglected, and in which, consequently, fallacious and palpably absurd statements, which are calculated to bring discredit on the whole science of vital statistics, have been made. Thus, for instance, he draws attention to the preposterous conclusion once deduced from statistics recently published by the Collective Investigation Committee, according to which habitually intemperate people appear to have a better average chance of living than total abstainers have, simply because the mean age at death of 603 intemperate persons was in that particular instance a fraction higher than that of 122 total abstainers whose deaths were recorded within the same period! It is obvious that no valid comparison is possible between two utterly dissimilar groups of facts thus thrown together at haphazard. We are told nothing of the ages of the living in either class, and therefore the average age of the dying is simply meaningless if not misleading. "Similarly," proceeds Dr. NEWSHOLME, "it would be absurd to draw any inferences from a comparison of the mean age at death of bishops and curates, for men do not usually become bishops till they have passed the middle period of life." He also draws attention to the fact that the proportion between the number engaged in any given occupation and the number dying in it, expressed as a rate per 1000, is fallacious. The death-rate varies immensely at different groups of age, and would therefore vary according to the relative number engaged in any given occupation. In other words, it would depend on the ages of the living, which would vary in every occupation. Dr. NEWSHOLME quotes from the Registrar-General's fourteenth annual report a well-known example of the kind of mistake which would follow the adoption of this fallacious method. The death-rate amongst farmers over twenty years of age was in the year referred to 28 per 1000, whilst amongst tailors of the same age it was only 20 per 1000; but when tested by a comparison of the death-rate among men of corresponding ages the farmers were shown to be incomparably healthier than the tailors. Dr. NEWSHOLME quotes figures which need not be reproduced here, but which fully bear out this statement. It may be asserted generally that the only trustworthy method is the one adopted by Dr. WILLIAM OGLE in the supplement to his forty-fifth annual

report—namely, to compare the mortality of those engaged in one occupation at stated ages with the mortality of those engaged in another occupation at corresponding ages. Dr. NEWSHOLME'S remarks on the difficulties inseparable from the attempt to classify social conditions are well worthy of consideration. He justly refers to the good work of Dr. WILLIAM OGLE in this direction, but we regret to note that he omits (doubtless unintentionally) to give due credit to Dr. GRIMSHAW, the Irish Registrar-General, for the exceptionally prominent part he has taken in this important branch of statistical research. The periodical reports of Dr. GRIMSHAW have for some years past contained tables showing an elaborate classification of deaths according to the social position of the decedents, and these will be found to well repay attentive study.

With regard to that portion which deals with the special hygiene of particular occupations and the particular diseases to which workers at the several occupations are specially subject, we would recommend to our readers a careful perusal of the lecture itself. We have no further space except to remark that the address is an interesting and useful one, and forms an appropriate introduction to the series of lectures which are now being delivered under the auspices of the Sanitary Institute.

THE general effect of the evidence so far taken before the Opium Commission has served to brush away a good many cobwebs of misapprehension which existed in this country in regard to this subject owing to an absence of definite information; and we must candidly confess that we imagined the evidence would have been far stronger than it appears to have been as to the extent of the grave evils that are commonly believed to be attendant on the habitual use of opium.

It is a common practice to pour beer into a tumbler from a good height, so as to impart a lively, frothy briskness to that beverage and to give it what is called "a head." Now it is the misfortune of most anti-opium societies that they adopt a somewhat similar process in pouring out their facts for public consumption. When "the head" is blown off it is often astonishing to find how little liquor there is left at the bottom of all the froth. We trust the anti-opium societies will pardon us for using this illustration in connexion with their movement; but from all that we learn regarding the evidence taken before the Opium Commission the illustration is not altogether inapplicable to the subject. No one denies that the abuse of opium produces disastrous results, and it is easy to paint a picture of a debased victim of the opium habit so as to leave it to the imagination to suppose that this is the necessary and ordinary result of the use of opium—that it is a fair representation of the average every-day product of our opium trade in India and the East; whereas the result of recent investigations is to show that it is nothing of the kind, that it is quite exceptional, and that it would be a gross exaggeration to represent it as a common or frequent phenomenon.

The Indian Government, labouring as it does at present under a grave financial crisis, strongly objects to having to bear any of the expenses attending the Opium Commission; moreover, in the event of the use of opium being prohibited for other than medical purposes this country would have to face the fact that it would have to make a large annual outlay to India to make up for an estimated annual loss to that country of some £12,000,000 or £13,000,000, through the suppression of the opium trade. On economical and political grounds, therefore, it is incumbent on the anti-opium movement to make out a very strong case why the opium traffic should be suppressed on religious, moral and physical grounds; but they have failed to do this. The reports of the proceedings of the Opium Commission have served to throw a great deal of light on the subject; the evidence, as a whole, seems to point in an entirely opposite direction and may well make thoughtful people hesitate before they suppress the use of opium in India and encourage thereby an increased importation and consumption of alcohol, or the substitution for opium of an infuriating agent like ganja. It was a wise remark that there is a good deal of human nature in man. We are not mere mechanical automata, but sensitive, emotional organisms. So long as the causes of physical and mental depression exist and want, hunger, sorrow, and misery continue in the world, so long will human beings have recourse to agents which will either temporarily stimulate the nervous energies or dull the sensibilities. We would here call attention to a very able communication by Surgeon-Lieutenant-Colonel CROMBIE, Superintendent of the European General Hospital, Calcutta, which appeared in THE LANCET of Sept. 9th, and to the testimony of numerous medical officers and others with extended Indian experience. There seems to be altogether a large body of evidence—European and native, medical and lay—which goes to show that the moderate use of opium not only does no apparent harm but is actually beneficial under many conditions, and that its immoderate use is very rare and not anything like so hurtful as the immoderate use of alcohol. According to the records of the Oriental Life Assurance Company for the last twenty years there was not a single death attributable to the use or abuse of opium of 973 death claims since 1874, and the company has upon its books something like 20 000 native assurers. It is notorious that opium is used by some of the bravest and most energetic races of India. The Sikhs and Rajputs, for example, are fine, stalwart races, and a very considerable proportion of them take opium. We were much struck with the reported testimony of Mr. MONRO, late Chief Commissioner of the Metropolitan Police, who is engaged in missionary work and is perfectly unbiased. He condemned the anti-opium agitation as groundless, and added that the use of opium was no obstacle to missionary work. Even supposing that the opium trade was suppressed this measure would in all probability be at once followed by an increased production of opium in the Native States of India and in Persia and China. It is, however, not questions of mere policy or expediency that concern us so much as the fact that a great deal of ignorant misapprehension and exaggeration exists in this country with regard to the use of opium which the evidence given before the Commission will, we trust, remove.

OPEN SPACES.—Another of these necessities for pent-up Londoners is about to be supplied for the benefit of north-east residents. It is understood that St. Bartholomew's-square, St. Luke's, will shortly be thrown open as a recreation ground. The Metropolitan Public Gardens Association will thus be able to point to another beneficial result of their public-spirited endeavours

Annotations.

"Ne quid nimis."

THE PREVALENCE OF INFLUENZA.

IT is to be feared that the routine work in many parts of the country is being carried on at the present time under very considerable difficulties owing to the prevalence of influenza, and it seems to be probable that the disease will interfere in no small degree with Christmas festivities. Indications of these things may be gathered from the fact that no less than fifty nurses of the London Hospital staff were stated a day or two ago to be incapacitated by influenza; and at a recent meeting of one of the City companies, of 210 expected guests no less than 40 were absent suffering from the same complaint. The epidemic is stated to be spreading in the Rossendale Valley at an alarming rate, and the Rawtenstall School Board report that in some of the schools in their district as many as 50 children are absent owing to influenza. At Liverpool during the week ending Dec. 9th a great increase in the number of deaths from lung diseases was recorded and 13 deaths were registered as being due to influenza. In Bristol and its neighbourhood the disease is still prevalent, whole families being attacked by it. In some of the streets of Rugby a large majority of the houses have some of their inmates affected, and the epidemic has seriously interfered with business. At Derby the medical officer of health states his belief that the disease is abating there. In London during last week there were no fewer than 164 deaths directly attributable to influenza, as against 22, 36, 74, and 127 for the four preceding weeks. Of this number 21 were under five years of age, 5 between five and twenty, 26 between twenty and forty, 46 between forty and sixty, and 66 over sixty years of age. There was a decline in the number of deaths from diseases of the respiratory organs, but they were still much in excess of the average. It would be interesting, were influenza a notifiable disease, to see what effect the interchange of persons from all parts of the country during the Christmas holidays would have upon the epidemic.

LONDON SEWERS AND BAKEHOUSES.

DR. WALDO, the medical officer of health of the parish of St. George-the-Martyr, has brought to the knowledge of his sanitary authority and of the London County Council the need for the better sewerage of his district. He was able to supply the Council with the addresses and particulars of twenty cellars, most of them unventilated and unventilatable, in all of which he found abundant evidence of sewage flooding. Two of these cellars were part of premises occupied by butchers, and in one case a meat safe had been invaded by the sewage; three cellars were occupied by publicans, another was occupied by a milk vendor, and yet another by a baker. London has, in fact, outgrown its sewerage system, and other sewers must be provided in order to afford the necessary relief. The needs of London in this matter are evidently understood at Spring-gardens, for the subject has been considered by the Council on the report of Mr. Binnie, its engineer, and of Sir Benjamin Baker; but the work of making the necessary preparations for the additional main sewers which London needs must occupy some time, and, as a result, in times of heavy rainfall low-lying districts are subject to flooding such as Dr. Waldo describes. Dr. Waldo also discusses the need for further legislation as to bakehouses. He says that dark, damp, unventilatable cellars should not in the future be allowed to be utilised either as dwelling-rooms or for the manufacture and storage of such articles as are liable to deterioration and dangerous contamination—e.g., bread, confectionery, sausages, and other meat and food-stuffs. With regard to the use of such premises Dr. Waldo will no doubt exercise his power to obtain a closing order for any house, or part of a house, unfit for human habitation. Again, the Factory and Workshops Act, 1883, section 16, provides that "when a court of summary jurisdiction is satisfied, on the prosecution of an inspector or a local authority, that any room or place used as a bakehouse (whether the same was or was not so used before the passing of this Act) is in such a state as to be on sanitary grounds unfit for use or occupation as a bakehouse the occupier of the bakehouse shall be liable on summary conviction to a fine not exceeding forty shillings, and, on a second or any subsequent conviction, not exceeding five pounds. The court of summary jurisdiction, in addition to, or instead of, inflicting such fine, may order means to be adopted by the occupier, within the time named in the order, for the purpose of removing the ground of complaint." We may anticipate that Dr. Waldo's report will be followed by proceedings under this section. This provision relates only to bakehouses, but it should suffice for the improvement of the conditions in those premises to which he refers.

IN MEMORIAM JACOBI MOLESCHOTT.

JUST a year ago the University of Rome held high festival on the occasion of Moleschott having attained his seventieth birthday, and now the University of Turin inaugurates the new *locale* of the subalpine "Accademia di Medicina" by a commemoration of the departed physiologist to whom, more than to any other, she owes the rehabituation of her instruction in the institutes of medicine. The occasion was a solemn and a sad one. Its spokesman was one of the most distinguished pupils of the illustrious deceased, Professor Angelo Mosso, and among the company were the leaders of the sub-Alpine school and all that the Piedmontese capital can boast in the spheres of science and letters. A touching feature of the ceremony was the presence of Moleschott's two sons, Carlo and Elsa, who had come to make over to the newly reconstituted "Accademia" their father's magnificent library, the value and extent of which seemed to justify, and even to necessitate, the removal of the "Accademia" to a more spacious building. And not only was it the material bulk of that noble "Biblioteca" that furnished the "Accademia" with a motive for its change of abode: it was the redoubled, nay the trebled, energy that Moleschott had infused into Italian research; it was the trebled, nay the quadrupled, fecundity in medical literature thence arising that had caused the institution to outgrow its traditional surroundings and to seek a wider arena for the display of its forces. Professor Mosso led up to the crowning event of the day by eliciting from Professor Gamba a brief but brilliant sketch of the history of the Accademia di Medicina, how, founded in 1836 under the title of the Società Medico-Chirurgica di Torino, it won royal recognition in 1846, in which year it was constituted into an "Accademia," with King Charles Albert for its patron; how it investigated, discussed, and gave birth to a scientific and practical literature, which was recently estimated to fill 190 volumes; and how it succeeded in founding the Biblioteca Medica di Torino, being the Turin Medical Library, which now numbers well-nigh 10,000 volumes, besides possessing a large assortment of rare and precious manuscripts, and which is open every day to the medical students and the public, by whom it is assiduously frequented. The "Accademia," moreover, issues a journal which is known throughout Europe, and it can boast a craniological museum which, for richness and convenience of arrangement, has few, if any, equals. Its annual and quinquennial prizes have given direct occasion to monographs of high and permanent value, one of the writers of which, Professor Wilhelm His, of Leipzig, in recognition of the munificence that inspired his successful work, instituted a prize of 5000 fr. (£200) for the encouragement of embryological studies in Italy. Other proofs

of the "Accademia's" beneficent influence on medical study followed, and then Professor Giacosa paid a special tribute to the memory of Moleschott, to whose splendid and persevering work the sub-Alpine school was indebted for the high place it held in the republic of medicine. The two sons of the great physiologist were thereupon formally thanked for the gift of the Biblioteca Moleschott, by the portal of which stands on one side his bust, and on the other the following epigraph :—

I libri di Jacopo Moleschott
lo ricordino qui ove ebbe
principio il suo insegnamento
in Italia e fu per tanti
anni maestro.
I figli Carlo ed Elsa
per memore affetto a Torino
elessero questa città a
custode della biblioteca del
padre loro.
1893.

(Let the books of James Moleschott commemorate him here, where he initiated his instruction in Italy, and where he was for many years a teacher. His sons Carlo and Elsa, in ever mindful affection for Turin, chose this city as the custodian of their father's library. 1893.) The new building of the "Reale Accademia Medica" of Turin, with its crowning ornament of the "Biblioteca" of its greatest teacher, was then declared open, and at a banquet given by the students in the evening, at which the Senator Professor Bizzozzero was the principal speaker, Professor Angelo Mosso received something like an ovation for the success with which he had inaugurated the "Accademia" and its memorial to Moleschott earlier in the day.

DEATH UNDER CHLOROFORM.

WE have received the following account of a case of a death under chloroform from Surgeon-Captain Townsend Shaw, of the Indian Medical Service :—"On Oct. 30th a man was admitted to hospital in a very emaciated condition, with a contracted chest, difficulty in swallowing and breathing, and a voice that was reduced to a hoarse whisper. Occupying mainly the anterior and slightly the posterior triangle there was a large mass of scrofulous glands, over which the skin was red, tense, and shining, and in the lower part of which there was a small opening, through which some curdy matter could be expressed. He stated that six months previously he had first noticed the swelling. As he (like most natives of India) was unwilling to remain in hospital, and I thought that extirpation would give him the speediest relief, he was put under chloroform on Nov. 2nd. It was given on an ordinary flannel cone with cotton wool inside, but very slowly, so that the patient really took but little of the vapour. He went 'off' perfectly quietly. When about four drachms had been poured on the cone I had made the incision, and was shelling out some of the glandular mass, when the respiration suddenly ceased. The chloroform was stopped, and by means of artificial respiration the breathing was restored. No more of the drug was given. On continuing the shelling process the respiration again ceased. Artificial respiration, lowering the head &c., ammonia, and hypodermic injections of ether were all tried in vain. The man was dead in about two minutes. When the respiration failed I could not feel the pulse. I took the opportunity of seeing how much the gland substance ramified. The centre of the sterno-mastoid muscle had practically disappeared. On endeavouring to dissect out the deep attachments running along the internal jugular vein I opened unintentionally the latter and blood flowed freely. With difficulty I clamped the vein, and on trying to clear it I wounded it again, clamped it and excised the ligatured portion. A third ligature had to be put on before the bleeding stopped. The bleeding that would have taken place had the man's heart been beating would probably have been fatal, though Mr. Treves has wounded the vein twice without seeing any harm result. On page 351 of Surgeon-Lieutenant-Colonel Lawrie's Report on the Hyderabad Chloroform Commission, he says: 'The clinical experience and statistics which THE LANCET called for after the Hyderabad Commission's Report was published have only brought out the curious fact that all chloroform deaths nowadays are possibly the result of hypodermic injections of ether, which is always resorted to as soon as possible after symptoms of danger appear.'" In reference to this case we may note that the subcutaneous injection of ether as a means for resuscitating those apparently dead from chloroform should only be resorted to when syncope from shock or loss of blood is present. The danger which is said to threaten the heart when chloroform is given arises from the toxic effects that drug shows towards protoplasm, and especially the non-striated muscular fibre of the myocardium; and although it has never been shown that a few minims of ether injected under the skin can, even if they ever reach the tissues of the heart or nerve centres, act harmfully, yet they certainly cannot act as an antidote to a chloroform toxæmia. On the other hand, when the danger threatened is due to an overdose of chloroform affecting the respiratory centre in the medulla oblongata, the injection of ether, if it exerts any action at all, would be to still further paralyse the nerve centres.

THE MEDICAL OFFICERSHIP OF HEALTH OF LIVERPOOL.

THE *Liverpool Courier* of Dec. 15th says that at the meeting of the Health Committee of the Liverpool corporation on the preceding day it was resolved on the proposal of the chairman, seconded by Mr. Grierson, "that, whilst acknowledging the past services of Dr. John Stopford Taylor, medical officer of health, the committee are of opinion that it will (having regard to Dr. Taylor's advancing years and the increasing duties of his office) be in the interests of the corporation for him to retire from the service, and the committee recommend that he be required to retire pursuant to Section 64 of Liverpool Corporation Act, 1893." The unanimous desire was expressed that Dr. Taylor should receive the utmost amount of superannuation allowance permitted by the statute. It is understood that Dr. Taylor's position will be vacated at the end of three months from the confirmation by the council of the resolution of the committee. It is intelligible that, having consideration to Dr. Taylor's age, his seventeen years of arduous service, and the ever-accumulating work of a Liverpool medical officer of health, the committee should think that the time had come for his retirement. It is satisfactory to find that they are unanimously of opinion that he should receive the fullest superannuation allowance. At the same time we sympathise with Dr. Taylor in having to leave the work which he loves so well. It has been our custom frequently to direct attention to his reports, as being of really public interest, and as dealing with problems more difficult than are to be met with in almost any other city of the kingdom. We congratulate him on many points of progress in public sanitation and in the health of Liverpool since he took office. The town still continues to be the most densely populated city in the kingdom. While Glasgow has 56·9 persons per acre and London 57·1, Liverpool has a density of 98·6 persons per acre. It is gratifying to know that in Dr. Taylor's last report—that for 1892—he is able to say that the total deaths were 1266 below the average of the last ten years. It is especially satisfactory to learn that the deaths from typhus fever were only 18—the lowest number registered in any year. One of the greatest improvements which have characterised Dr. Taylor's period of office is in the clearer differentiation in the public records of Liverpool of cases of typhus fever and typhoid fever—a distinction of much

significance and importance. It is also reported that the number of deaths from diphtheria was 47, or 35 less than the average of ten years; but this is to be qualified by the further statement that 21 deaths occurred from membranous croup. The deaths from diarrhœa and fever have undergone a very marked diminution. The Notification Act has come into force, and Dr. Taylor has testified to the success with which it has worked and graciously thanked the profession for their assistance in carrying it out.

THE SURVIVAL OF TRIPLETS.

WE understand that coming of age festivities of an unusual kind were celebrated at Whitenash, near Leamington, recently. Twenty-one years ago the wife of a cattleman gave birth to triplets. She was the mother of thirteen children in all. The triplets survived, and their coming of age was the occasion of the rejoicings we have referred to. Although, undoubtedly, in cases of triplets the children generally die soon after birth, still it has occasionally happened that they have survived, and attained maturity, though it is certainly a rare occurrence. Thus Dr Merriman said:—"So many years had elapsed, notwithstanding repeated inquiries, before I could meet with a well-authenticated instance of three children at a birth being all reared, that I began very much to doubt the fact." He then mentioned a case of triplets, where two males and one female all reached adult life, and besides this had had three other well-authenticated instances of triplets arriving at maturity reported to him. We may add that a case of quadruplets is on record, where the four children were born alive, and were all reared. In this case there were three males and one female, and the female became herself the mother of triplets.

EGYPTIAN GOVERNMENT HOSPITALS AND DISPENSARIES.

ACCORDING to the Annual Report for 1892 just issued there are nineteen State hospitals in Egypt, including the lunatic asylum and fifteen public dispensaries. These, with the exception of Cairo, Alexandria, and a few of the larger towns in the provinces, represent the organised amount of skilled medical aid in the country. The great mass of the population still depends for assistance in sickness on the village barber and the local *dhaie* or midwife, who are both possessed of that modicum of learning which renders them dangerous. Dr. Rogers Pasha proposes to charge his already over-burdened district officers with a small dispensary; but as this establishment is to be closed when the ambulant official is away on duty, it is difficult to see where the advantage may come in. The number of patients admitted into the nineteen hospitals in 1892 was 16,848. In 1887, although at that time hospitals were open at Ismailia and Rosetta, which were subsequently closed on the score of economy, the admissions amounted to 11,674 only; the increase nearly equals 50 per cent, and may be looked on as evidence that "the mistrust of government hospitals, which formerly existed to a marked degree, is gradually wearing away." At Kasr-el-Aini 4473 patients were admitted during the year, against 3512 in 1887. In another part of his report Dr. Rogers Pasha fixes the admissions at 4728, but in either case it is evident that the development of this well-conducted establishment still continues. The operation return alone is sufficient to show the advance. Nine hundred and thirty-eight operations were performed in 1892; the cures numbered 698, and 66 cases were "relieved," while only 43 patients left unbenefited. The deaths among the subjects of operation were 68, being equivalent to 7·2 per cent. In the Ophthalmic Department, which a few years ago was placed under an English surgeon, there were 899 admissions, with the following results: cured, 743; relieved, 85; no benefit, 14; unsuitable for treatment, 57. Dr. Rogers Pasha says: "The majority of the old hospitals are in a wretched state of repair, and can only be regarded as temporary makeshifts." No doubt the buildings would suffer by comparison with an English hospital, but at the same time they are an immense improvement on the unspeakable dens which existed a few years back. In 1884 Dr. Sandwith visited them all, and his description is still on record. That Egypt is not endowed with a first-class hospital is solely the result of a cheeseparing policy on the part of the financial authorities. In 1887 it was proposed to replace Kasr-el-Aini by an entirely new building, to be erected in sections as funds became available; the total cost being estimated at £70,000. Mr. Price, C.E., the engineer of the sanitary department, reported in 1888 as follows: "During last summer considerable time and study was devoted to the preparation of designs for an entirely new hospital for Cairo. This was planned on the pavilion system, similar to the latest constructions of a like character in the principal towns both of Europe and America." The proposal, though supported by the Khedive, was uncompromisingly rejected by the all-powerful Finance committee; but the money that has since been poured, so to speak, into the foundations of the unsuitable old barracks at Kasr-el-Aini, in order to forestall utter ruin, would have sufficed for the erection of at least five pavilions. Dr. Rogers Pasha informs us that in 1892 alone no less a sum than £22,000 was devoted to repairs for the existing hospital. The dispensaries, it seems, are worked at a loss, and it is consequently proposed to establish apothecaries in various centres, who shall be permitted to sell drugs on their own account. This does not strike us as a happy inspiration. The State-supported druggists will be certain to pose and practise as full-blown medical men, in spite of all Ministerial *arrêtés* to the contrary. When the dispensaries were founded in 1887, it was not expected that they would prove to be a source of profit. They were simply the outcome of a desire to extend, as far as was practicable, the benefits of skilled medical aid to a population entirely destitute in that respect. The sanitary budget was too meagre to admit of hospitals being opened in the larger towns, and the new departure was therefore essayed as a *pis-aller*. Under constant and efficient inspection the dispensaries should even yet turn out a success from every point of view; but, in default of effectual supervision, it would be as well, perhaps, that they should be closed. Trustworthy inspectors are the great desiderata in the sanitary department; but, as far as we can judge, Dr. Rogers Pasha has not so far been fortunate in overcoming native opposition to the appointment of Englishmen. Formerly there used to be three first-class inspectors, but for the last two years one post, at least, has remained vacant.

THE ROYAL NATIONAL LIFEBOAT INSTITUTION.

IF there is one of our national undertakings which should justly arouse within us a sense of proud satisfaction it is that service which has been organised to cope with the perilous emergencies of shipwreck on our coasts. It was fitting that a people who of all others may be said to live on, and by, the sea should have planned and perfected this humane idea. We need not remind our readers that the promise of its inception has long since been fully realised. How fully, and by what methods, may be judged even by the following brief and now historical details. Since the year 1823, when at the urgent pleading of Sir William Hillary the conscience of his countrymen awoke to consider its duty in this matter and to give it practical expression, the Royal National Lifeboat Institution has done much good work. It has been mainly instrumental in saving nearly 40,000 lives on our own shores, and it has become the parent of associations, like to itself in purpose,

which have grown up in every civilised country. It may well be believed that a work so colossal can only be maintained at a liberal cost. As a matter of fact the average expenditure implied in founding a lifeboat station is £1050, the subsequent yearly outlay upon it being £70. Our present complement of boats is about 300. During the past month 110 of these were on service and were successful in saving 261 lives. The circumstances of that service have been written and countersigned in a history of storm, struggle, and disaster. It is needless to say more in commendation of the institution or of the hardy men who toil in its heroic labours. Happily neither have hitherto been overlooked in the estimation of a sailor people. The hand of private generosity has been opened wide to forestall their necessities or to bestow the marks of its approval. Public esteem has expressed itself by the willing tributes of a "Lifeboat Sunday" and a "Lifeboat Saturday." The excellent services yearly rendered by coast-boats other than those of the National Institution, we rejoice to note, are freely and fully recognised by the national organisation, so that there exists outside of this latter, but allied with it, an efficient, if irregular, agency of identical character. While these remain and stand, as we feel assured they ever will stand, high in public favour, the storm-tried seaman may rely in his extremity upon all that human power and skill can do to succour him.

DIAGNOSIS OF CEREBELLAR TUMOURS.

IN the last number of the *Practitioner* Dr. Ashby of Manchester contributes an interesting paper dealing with this subject and giving shortly and simply the history and symptoms which justify the diagnosis of such a lesion. The prominent symptoms of which a history is obtained are headache, vomiting of varying severity, and strabismus. The headache is either occipital or frontal, although sometimes it is distinctly referred to the side of the occiput on which the tumour is situated. The internal strabismus is in Dr. Ashby's experience an early and frequent symptom; it is not always double and is a result of paresis of one or both sixth nerves. Optic neuritis also is a common and early symptom, being usually succeeded by limitation of the visual fields and finally by blindness. The peculiar walk known as "cerebellar ataxy" is also said to be present in some cases and in other cases a staggering gait. Dr. Ashby expresses some doubt with regard to the existence of a special "cerebellar ataxy," and states that he cannot recall a case in which he was able to satisfy himself that it was present. The gait, he says, of a child with cerebellar tumour is that of one learning to walk, characterised by a great deal of clumsiness and a readiness to fall, this, however, being due to weakness of the limbs and not to ataxy. He never has seen a case in which, apart from the results of spastic rigidity, there was any tendency to fall to one or other side. The other symptoms to which Dr. Ashby refers are the usual increase of the knee-jerk, although its occasional and unaccountable absence is noted, the enlargement of the head and the occurrence of fits characterised by retraction of the head, rigidity of the limbs and frequently opisthotonus. Death, he says, may take place in one of these fits on account of the spasms of the respiratory muscles. The differential diagnosis between hydrocephalus, subacute meningitis, and cerebellar tumour is also dealt with, and at the conclusion of the paper three cases are briefly quoted in which the diagnosis of tumour was made and verified. There are only two points in the paper to which we would advert. The first of these is the statement that death sometimes occurs in the fits on account of spasm of the respiratory muscles. We presume that such a condition would give rise to asphyxia, and we have no doubt that Dr. Ashby has seen such a *dénouement*; but there is also no doubt that in cerebellar tumour, just as in other intra-cranial growths, the usual mode of death is by a simple failure of respiration, and that it is rare for it to occur during a fit even in those patients where the tumour may be associated with convulsive seizures. We would also venture to think that Dr. Ashby is mistaken when he says that the ataxy of cerebellar disease is nothing more than weakness and spasticity of the limbs. Of course, spasticity is frequently absent in those cases, but both when it is present and when it is absent there may be a reeling gait which is independent of its presence or absence, and also, we believe, of simple weakness of the limbs. Perhaps such reeling may be regarded as a result of weakness in the sense that it may be due to incoördination—a disturbance in the equilibrium of innervation; possibly it may not be unconnected with labyrinthine disturbances dependent upon the cerebellar disease.

SMOKELESS FUELS.

ADVERTING to the series of articles published from time to time in THE LANCET on the subject of Smoke Prevention and Perfect Combustion, a correspondent speaks in cordial and appreciative terms of the work of our commissioners in this connexion, and suggests that coke might form a suitable subject for inquiry at some future date. It is clear, he says, that coke, which is the non-volatile residue of coal, must find its use if coal gas[1] is to be obtained at a reasonable price. A problem of great interest, therefore, presents itself in the question as to how coke can be used in ordinary fire-grates without any important change in their construction. The difficulties attending the combustion of coke are great, but our commissioners have already had their attention drawn to the use of this form of smokeless fuel, and perhaps at some distant date, although no distinct promise can be held out for the present, the practicability of employing coke as fuel may form the subject of a full and exhaustive investigation similar to previous undertakings and in continuation of the series. In the meantime it may be mentioned that the drawbacks to the use of coke are mainly the difficulty of initial lighting, the formation of much sulphurous acid from the large quantity of sulphur it contains, and the tendency to the production of carbon monoxide as in charcoal fires.

THE SALVATION ARMY AND INFECTIOUS DISEASE.

WHATEVER views may be held with regard to the schemes and methods of the Salvation Army, there can hardly be two opinions that their shelters afford rest and even comparative comfort to a large number of persons who, in the absence of these shelters, would find life more irksome. We should therefore be unwilling to enforce unnecessary restrictions upon these institutions, which might, by hampering them financially, impair their utility. The result, however, of the appeal in the case of Colclough *v.* the Vestry of St. George-the-Martyr, Southwark, brings prominently to the front the question as to whether sanitary authorities have sufficient control over these philanthropic institutions, where large numbers of persons not unlikely to communicate infection to one another and to the public are nightly brought together. It has been already held that a house maintained as a charitable institution, and not for purposes of gain, is not a common lodging-house within the meaning of the Acts, so that the shelters in question are not amenable to the provisions of the Common Lodging-houses Acts. It further seems from the result of the appeal just referred to that neither does Section 63 of the Public Health (London) Act, 1891, which renders persons letting infected houses or parts of houses liable to a heavy penalty, apply to these shelters. If this be so, a caretaker may admit a "guest" for the charge of one penny into a house not disinfected since the sojourn of an infected person therein, and yet not be held to have "let" the house within the

[1] Vide the subject of the last report in THE LANCET of Nov. 25th.

meaning of Section 63. The result of these two decisions with reference to the shelters is to considerably weaken the control of sanitary authorities over them, though of course it is possible that in the case in question a conviction might have been obtained under some other section of the Public Health (London) Act, 1891. Mr. Fowler, president of the Local Government Board, stated, in answer to a question in the House of Commons, that the shelters were under the control of the sanitary authorities and that their officers could obtain admission on a magistrate's order if entry was refused them. Mr. Fowler's answer probably had reference to powers of entry under Sections 10 and 115 of the Public Health (London) Act, 1891, but did not necessarily imply that, for instance, Section 63 of the same Act was applicable to these shelters. Of course Salvation Army shelters are not the only charitable institutions likely to spread infection, and any alteration of the law framed with a view to bring them more under control should also include other institutions of a similar character. We have, however, reason to believe that at the present time an inquiry into the public health aspects of the Salvation Army shelters is being conducted by the Local Government Board, so that we may look forward to some reliable information on the subject.

DR. WITHERS MOORE ON MEDICAL ETHICS.

THERE are few things more pleasant and more edifying than for a medical man who has reached the stage of "blest retirement" to formulate for the guidance of his younger brethren in the race of life a few rules of conduct and a few teachings of experience. This has been done by Dr. Withers Moore at a meeting of the Brighton and Sussex Medico-Chirurgical Society presided over by Dr. Ewart, Mayor of Brighton. Dr. Moore attributed much of his "moderate success" as a physician to the fact that for ten years he led the life of a country general practitioner, working during the winter months continuously from 9 A.M. to 11 P.M., and riding thirty or forty miles a day, with three or four night calls weekly. This taught him to understand medical practice, patients, and the friends of patients. His first medical ethic is that the practitioner's first duty is towards the patient, and that every other consideration must give way to that. When medical men hold a consultation they should respect and uphold each other; but even here the patient's interests should be paramount. The patient's freedom of choice should be complete, but there should be no scheming and no disparagement of brethren. Called in on a sudden emergency to the patient of another medical man, a practitioner should in nowise continue to attend the case. As the consultant is bound to be loyal to the regular practitioner, so is the general practitioner to the consultant. Dr. Withers Moore protests against the vicarious and cheap charity of the public, which throws on to the shoulders of young medical men the duty of attending the poor for nothing, or next to nothing, and would provide for those who cannot pay ordinary and reasonable fees by (1) State aid, (2) provident dispensaries, and (3) free hospitals. He considers free hospitals as the only justifiable form of gratuitous medical aid. Not the least interesting part of his remarks was that in which he insisted on the duty of requiring worthy remuneration for worthy work, not only in the case of the general practitioner, who is entitled to fees representing his education and his art, but in the case of the consultant. He makes a suggestion in regard to the duties of prosperous consultants which has been often made, but little heeded—viz., that they should raise their fees to such a point as to sensibly diminish the number of the crowd that presses them, so that they may do more justice to individual cases and to medical science and leave more work to younger and less prosperous colleagues. He had been told that a leading Queen's Counsel could not be approached under a fee of £8 8s. He thought that the lowest fee of leading medical men should be five guineas. He mentioned that when he enunciated these views at Brighton in 1886 Professor Charcot was present, who afterwards told him that he was astonished that the leaders of the medical profession in England were doing so little for the advancement of the scientific interests of the profession, a failure he attributed to the financial exigencies of their position in the metropolis, taken in connexion with their low fees. Professor Charcot added that he never saw anyone at his own house for less than 100 francs.

ENGLISH MEDICAL MEN AND THEIR TITLES IN THE RIVIERA.

THE authorities of France have pushed the arbitrary law against English practitioners in that country who do not hold a French degree in medicine to its logical limits. They have invited both American and English practitioners to erase from their door-plates the distinctive title of "Doctor." Those who hold the certificate of *officier de santé* and were in practice when the law was passed will be allowed still to practise and to place their qualifications before and after their names; but though holding a London, Edinburgh, or Dublin degree, and practising chiefly among their compatriots, they will not be allowed to use their distinctive title. This is a poor illustration of the fraternal doctrines of the French Republic.

BORAX IN EPILEPSY.

IN the *New York Medical Journal* Dr. Edward A. Welch reports a case of epilepsy which he had treated with marked benefit by means of ten-grain doses of biborate of soda. The patient was a woman aged thirty-eight years, the subject of nocturnal epilepsy for many years, and when she came under observation was suffering from dyspepsia and other symptoms, which were really the result of the administration continuously, and in considerable doses, of bromide of potassium. After stopping the mixture and carefully dieting the patient during two weeks, chiefly with bland liquids, biborate of soda was administered in ten-grain doses three times daily. At first it was simply given with a third of a glass of water, but later a little aromatic was added. No improvement was noted for the first nine days. After that the progress was rapid, so that on the lapse of a few weeks she was reported as better than she had been for three years, the fits occurring still but at intervals of much longer duration and in a much less severe form. Dr. Welch gives a *résumé* of the experiences of different observers who have used borax for epilepsy, from which it is evident that in certain cases the remedy, as frequently pointed out in the columns of THE LANCET, is highly efficacious.

OFFICIAL REPORT ON LUCIFER MATCH WORKS.

THE report of the Chemical Works Committee appointed to inquire into the conditions under which the operatives at lucifer match factories perform their work has been presented to both Houses of Parliament. Besides certain evidence obtained from a personal inspection of some London factories by the members of the committee, reports have also been drawn up by two ladies appointed for the purpose, embodying the *modus operandi* of lucifer match factories in the provinces, in Scotland, and in Ireland. Although the committee have been unable to trace any cases of necrosis since the special rules were established beyond the two which occurred in one well-known factory, they express the opinion that danger from that disease exists to all workers where white (*sic*) or yellow phosphorus is used. With regard to the rules already in force, the committee are of opinion that, with some alterations and additions, great good may accrue to those employed under

them. These additions refer chiefly to better ventilation and periodical medical examinations. The practice of allowing persons to be employed in galleries above departments where fumes may rise is to be deprecated, and it is further suggested that some means should be adopted whereby in the boxing departments matches becoming ignited may be rapidly extinguished. Some difference of opinion exists amongst the members of the committee as to whether it was advisable that a register should be kept with the names, addresses, &c., of persons employed in all dangerous departments. The majority desired that a register should be adopted, so as to obtain, if possible, outside information as to the prevalence of necrosis. The report is signed by Wm. Dawkins Cramp (chairman), Alfred E. Fletcher, P. A. Simpson, M.D., D. J. O'Neil, M.B., M. E. Abraham, and H. S. Richmond, the secretary.

THE DIFFUSION OF SMALL-POX.

LAST week's small-pox returns show diminution of the disease, but it is as yet far too early to form an estimate as to what we may have to face in the early part and the spring of next year. In Birmingham the disease holds its own, 49 fresh cases occurring there last week; in Bradford the corresponding figure was only 8, and this indicates a very marked decrease. Amongst other towns affected the new attacks were: Walsall, 24; West Ham, 9; Aston Manor, 5; Wakefield, 5; West Bromwich, 3; in Leicester, Oldham, Bath, and Wimbledon, 2 attacks each; and isolated occurrences took place in about a dozen other localities. In the metropolis there were 24 fresh attacks, the patients having been removed to the floating hospitals. In these hospitals and in the neighbouring convalescent establishments the daily number of cases of small-pox under isolation has during the past week been about 105, which represents a diminution of some 15 per diem as compared with the number under isolation a few weeks ago.

THE INTERNATIONAL MEDICAL CONGRESS.

OUR own correspondent, dating from Rome, the 16th inst., writes: "Up to last night the number of intending participants was 3800—1800 from abroad and 2000 from Italy. The communications, scientific and practical, already received amount to 1000 (in round numbers), although the time for sending them in does not expire till the middle of January next. More than half of these are of non-Italian origin and embody original researches and conclusions. The national committees abroad—those, that is to say, already constituted—are forty in number, while several of them, on account of the vast territorial extension of the States to which they belong, have been subdivided into various subcommittees. In some Transatlantic countries of minor extent the Italian consular agents have taken on themselves the functions of committees. The several Governments and Ministries officially represented at the Congress will number about thirty-six, and the *congressisti* delegated by universities and medico-scientific schools or societies abroad are considerably over 300. As to Italy, her local committees in present working amount to more than 100."

EXTENSIVE ALVEOLAR ABSCESS.

ONE of the fortunately rare cases of alveolar abscess invading the neck is reported by Dr. Maughan in a recent number of the *British Journal of Dental Science*. The patient was an artisan aged forty-five, and there was a history of four or five previous swellings over the upper and lower jaw. When seen he had been suffering for ten days from a swelling on the left side of the neck—red, painful, hot, and throbbing. There was a large fluctuating swelling on the left side of the neck extending downwards to the left clavicle and across the root of the neck to the right side and upwards to and involving the left lower jaw. The cause was plainly periostitis around the second left lower bicuspid. An incision gave vent to two saucerfuls of pus, and the wound rapidly healed under antiseptic dressings. As a general rule alveolar abscesses discharge into the mouth either by perforating the alveolus, usually the outer, it being the thinner, or the pus wells up around the neck of the tooth, the periosteum being stripped off the cementum, but occasionally they burrow for a considerable distance. In this case the course of the abscess was evidently influenced largely by the anatomical relations of the cervical fascia. Very few similar cases are, we believe, recorded in dental literature, but perhaps they are not so uncommon as this fact would represent, since they would be more likely to come into the hands of the surgeon than the dental practitioner.

MEDICAL ADVERTISING IN AUSTRALIA.

WE have received another letter from Mr. H. Martin Doyle in reference to a communication concerning himself which appeared in THE LANCET of June 3rd, 1893. We cannot insert Mr. Doyle's letter, although its contents have received every consideration. Mr. Doyle would have us condone among medical men in Australia the practice of advertising because, he says, in Australia it is an almost universal custom. No number of "blacks" can possibly make a "white," and we cannot in any way endorse the practice by appearing to consider that the amount of the temptation can in the slightest degree excuse the offence, neither can we publish any further communications upon this topic.

EXPERIMENTAL IMMUNITY FROM INFLUENZA.

OUR knowledge as regards the source and spread of influenza has been advanced but little in spite of the recent occurrence of several epidemics. Dr. Brurchettini,[1] however, still maintains that the bacillus which he has before described[2] is the causal agent of this disease, and he again refers to his experiments on animals, especially those on rabbits, which proved to be particularly susceptible. The pathogenic value of this microbe has been strongly contested by Drs. Pfeiffer and Bech; but, be its nature what it may, it is not without interest to know that Dr. Brurchettini has succeeded in producing in the rabbit an immunity against its attacks. The results of his experiments may be briefly summed up as follows. Rabbits can be successfully inoculated without much difficulty, so that when subsequently treated with cultures of this bacillus (according to Dr. Brurchettini it is that of influenza) the animals remain perfectly unaffected. The material which gives the most complete immunity is obtained from cultures on blood-serum filtered by Berkefield's method. The blood-serum obtained from animals rendered immune possesses the property of rendering other animals likewise immune from infection by the bacillus and from its toxic effects; and so great does this power seem to be that it was found sufficient to employ serum only in the proportion of 1 to 42,000 relatively to the body weight, and even in doses less than this. Finally, this serum was found to be capable of exercising curative properties, for when injected into animals already inoculated with the bacillus and suffering from its effects in the most severe form the temperature fell to normal and the animals recovered, whilst control animals died in a few days.

FOREIGN UNIVERSITY INTELLIGENCE.

Amsterdam.—Dr. Wertheim Salomonson has been recognised as *privat-docent* in Neurology and Electro-therapeutics.

Buffalo.—Dr. Bergtold has been appointed to the chair of Pathological Anatomy in succession to Dr. Howell, who

[1] Deutsche Medicinische Wochenschrift, No. 33, 1893.
[2] Archivio per le Scienza Mediche, vol. xvi., No. 19

has resigned. Dr. Andrews has retired from the chair of Psychiatry, Dr. Hurd being appointed Lecturer on this subject.

Cracow.—Dr. Frantz Skroczynski has been recognised as *privat-docent* in Ophthalmology.

Jurieff (Dorpat).—Dr. A. Gubareff of Moscow has been appointed Professor of Midwifery and Gynæcology.

Kazan.—Dr. Kusmin of Moscow has been appointed Professor of Surgery.

Lille.—Dr. Combemale has been appointed Professor of Therapeutics.

Lyons.—Dr. Pollosson has been appointed Professor of Operative Medicine.

Moscow.—Dr. Diakonoff has been appointed Extraordinary Professor of Operative Medicine.

New York (Policlinic).—Dr. Brook H. Wells has been appointed Assistant Professor of Gynæcology.

St. Petersburg (Military Medico-Chirurgical Academy).—Dr. Tarnovski, Professor of Syphiligraphy, and Dr. Nasiloff, Professor of Clinical Surgery, have become Emeritus Professors. Dr. Pasternatski has been promoted to be Ordinary Professor of Clinical Therapeutics.

DEATHS OF EMINENT FOREIGN MEDICAL MEN.

THE deaths of the following distinguished members of the medical profession abroad have been announced:—Dr. G. Dupré, formerly Professor of Clinical Medicine in Montpellier.—Dr. Dokitch, formerly President of the Council of Ministers, Servia.

DURING the spring session, 1894, of the Sanitary Institute Dr. Thorne Thorne, C.B., will lecture at the Parkes Museum Margaret-street, W., on the subjects of Diphtheria and Cholera, on the former on Jan. 10th and on the latter on March 14th. Dr. F. J. Waldo will read a paper on Feb. 14th on the subject of the Sanitation of Places where Food is Stored and Prepared. On Jan. 26th a course of eighteen lectures and demonstrations for sanitary officers will be commenced and will be continued on successive Tuesdays and Fridays.

THE Royal Institution of Great Britain held a special general meeting on Friday, Dec. 15th, under the presidency of Sir James Crichton-Browne, M.D. A resolution was unanimously adopted in which the members of the institution recorded their deep regret at the death of Professor John Tyndall, who for forty years had been connected with the institution.

THE Board of Directors and Government of India have sanctioned the appointment of Mr. R. Glyn Griffith, M.R.C.S., senior surgeon to the East Indian Railway, as chief medical officer to that railway from Nov. 1st, 1893.

THE GLUCOSIDE CONSTITUTION OF PROTEID MATTER.

IN the recent inaugural address of Dr. Pavy as president of the Pathological Society he dealt, it may be remembered, with some work upon the constitution of proteid matter in which he has been recently engaged and the general results of which he has already laid before the Royal Society. That work has resulted in a discovery, the bearings of which are distinctly to modify and enlarge accepted teaching, besides throwing fresh light upon the chemical pathology of diabetes. In his communication to the Royal Society[1] Dr. Pavy showed: (1) that animal and vegetable proteids yield, when acted upon by boiling in potash, a carbohydrate of amylous nature which is precipitable by alcohol, and which does not possess the power of reducing cupric oxide; and (2) that on boiling this substance with dilute sulphuric acid it is converted into one which does possess the power of reducing cupric oxide and has other properties of sugar. Dr. Pavy has been good enough to forward us specimens of these substances, and the subjoined report from our chemical laboratory will be seen to confirm the statements he has made concerning them.

[1] Proceedings of the Royal Society, vol. liv.

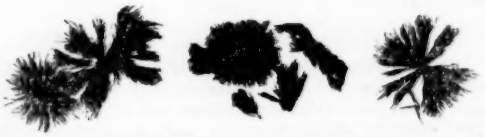
REPORT ON SPECIMENS RECEIVED FROM DR. PAVY.

Specimen 1. Purified albumen from egg boiled with 10 per cent. potash solution, neutralised with acetic acid, concentrated by heat, poured into spirit, precipitate collected and dissolved in water and evaporated.—Reactions: On ignition a strong "beefy" odour was emitted. When heated with soda lime much ammonia was evolved. Alcohol added to the solution gave a strong precipitate, as in the case of peptone, which proved to be soluble in water. Ammonium sulphate gave a similar result. Peptone reaction with alkaline copper (biuret test) was very marked. There was very slight reaction or reduction with Fehling's solution. It was strongly alkaline to test paper. Sulphuric acid produced a precipitate, and at the same time a smell of acetic acid was noticeable. To the taste it was saline and "gummy."

Specimen 2. A portion of Specimen 1 boiled with 10 per cent. sulphuric acid, excess of acid removed with barium hydrate, solution purified and evaporated to dryness.—Reactions: The taste was similar to liquorice and acid. There was no peptone reaction with copper salt. Alcohol added to the solution gave a brown precipitate. On ignition a smell of burnt sugar, followed by a smell of burning animal matter, was noticeable. When heated with soda lime ammonia was evolved in tolerable quantity. Potash gave a dark-brown colour to the solution. It was acid to test paper, insoluble in absolute alcohol, but soluble in strong spirit. There was a marked reduction when boiled with alkaline copper solution (Fehling).

Another characteristic of Specimen 2 is its capacity (like that of all reducing sugars) of forming crystalline compounds (osazones) with phenyl hydrazine. The crystals are here reproduced magnified 100 diameters.

FIG. 1.



Osazone from "product" from egg albumen after treatment with 10 per cent. H_2SO_4. Magnified 100 diameters.

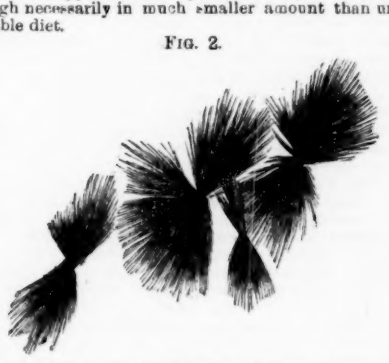
Dr. Pavy has also found that sugar is obtainable as a cleavage-product by the direct treatment of purified albumen with 10 per cent. sulphuric acid.

Evidence can be adduced to show that proteid matter is formed by the incorporation of carbohydrates with nitrogenous matter, and that this incorporation is of the nature of inclusion of the former within the proteid molecule, since the carbohydrate can be separated out. This was shown by Dr. Pavy in his communication to the Royal Society, where he explained the combination as if the carbohydrate were "locked up" within proteid matter—in other words, that proteid has the constitution of a glucoside. By appropriate chemical treatment of the proteid matter it is possible to withdraw the carbohydrate from it, as in the experiments above referred to; whilst, *per contra*, it can be shown that the synthesis of the proteid molecule necessitates the formation and inclusion of carbohydrate. Thus Pasteur showed that yeast cells, which consist of protoplasm and therefore essentially of proteid matter, grow and multiply in a medium containing cane sugar, tartrate of ammonium (yielding the nitrogen), ash of yeast (yielding the requisite mineral matter), and water. It may legitimately be inferred from this that the production of the proteid "protoplasm" is effected by the incorporation of the carbohydrate (furnished by the cane sugar) with the other materials that enter into its constitution. It might be objected, however, that as tartrate of ammonium is a carbon as well as a nitrogen compound, the carbon of the proteid was derived from that source and not from the sugar. This objection is met by the substitution for the tartrate of the nitrate of ammonium, and yet, with the other conditions being present, the yeast

cells still flourish and form fresh protoplasm. It follows from these facts that not only can proteid matter be shown to contain carbohydrate "locked up" in it, but that the former, under the influence of protoplasmic chemistry, is in part built up from the latter. Moreover, observation of the life and growth of vegetable—e.g., yeast—cells teaches that the carbohydrate material is produced in a different form from that in which it is supplied by the pabulum. It appears as cellulose and as glycogen, the latter being met with somewhat abundantly, whilst fat also can be recognised. The growth of the cell involves, therefore, not only the formation of proteid but of modified carbohydrate and fat. Now there is reason to believe that this modified carbohydrate does not result directly from the pabulum afforded to the growing cell, but that, as the result of its passage through proteid, the carbohydrate molecule that is cleaved off from the proteid molecule differs slightly from that which was incorporated by the synthetic action previously described. The fat also probably constitutes a cleavage product from proteid matter, for there is nothing inconsistent in the carbon entering the proteid molecule as carbohydrate and coming out under the form of fat.

If vegetable protoplasm possesses the power of building up the proteid molecule with the aid of carbohydrate and of converting the latter into other forms and into fat, it is reasonable to suppose that animal protoplasm has the like power. It is proved that animal proteid does contain locked-up carbohydrate, and it is also beyond dispute that fat is formed in the animal body from carbohydrate supplied as food. Observation shows that after the ingestion of starchy food fat globules occur in the intestinal villi and a milky chyle appears in the lacteals, whilst, further, the liver cells become charged with fat. Moreover, Dr. Pavy has found that more "cleavage carbohydrate" can be obtained from the proteid of portal blood than from that of blood in other vessels, it being through the application of carbohydrate in this direction and its transformation into fat in the cells of the villi, and likewise in those of the liver, that it is prevented from reaching the general circulation. If, however, the conditions be such as to interfere with these natural processes the ingested carbohydrate, failing to be properly disposed of, will enter the general circulation and thence the urine, producing diabetes of varying degrees of severity. Nor is there any essential difference in this result, whether animal food or vegetable food be ingested, the only variation being in the amount of carbohydrate to be disposed of. Animal food contains a certain amount of free sugar, and the digestion of proteid matter liberates "cleavage carbohydrate" from the proteid molecule. Dr. Pavy found that egg albumen when digested with pepsin outside the body yielded "cleavage sugar." Hence under an animal diet there is a supply of carbohydrate conveyed to the liver, although necessarily in much smaller amount than under a vegetable diet.

FIG. 2.



Osazone from pepsin digestion of egg albumen. Magnified 400 diameters.

Finally, the bearing of these researches upon the nature of diabetes—as distinguished from glycosuria produced by the non-disposal of ingested carbohydrate—is of interest. Inasmuch as sugar is produced from proteid matter by the ferment action of pepsin digestion—just as sugar is liberated from glucosides by the action of ferments—it may naturally be inferred that within the body itself, and from the body-protoplasm, sugar may be liberated by some special ferment in the blood. In that way diabetes might be brought about apart from any disturbance of hepatic function, but as a general effect of a general derangement of the chemistry of the body.

We await the issue of the work, which is going through the press, and is, we understand, nearly ready for publication, in which Dr. Pavy deals with the whole question bearing on the physiological application of the carbohydrates within the system and its relation to diabetes.

CHOLERA.

As will be seen in the letter of our St. Petersburg correspondent, the alleged sudden increase of cholera to which we alluded last week actually occurred and gave rise to much comment in that city. The number of cases reached a daily average of about 30, with only a small percentage of recoveries. The extremely mild weather that has prevailed and its effect in thawing frozen fish and other provisions have made them dangerous as food, and the long and severe fast of the Russian Church at this season, causing the poorer classes to eat cheap and unwholesome fish and food, are popularly regarded as being the causes of the reappearance of cholera in St. Petersburg. A number of soldiers who attended a large banquet in the Winter Palace and some of the cooks who prepared the food for the banquet were attacked by a disease resembling cholera, but it is not at all clear that it really was cholera; however, the attacks proved fatal in some cases.

The latest news from Teneriffe (Dec. 16th) is to the effect that the epidemic there appears to be at an end. Letters which have reached England from Teneriffe show that there has been a serious outbreak of the disease, giving rise to a great state of alarm, and that the cordons round villages and affected places had caused a large amount of hardship and suffering; indeed, it is clear that as far as the unfortunate people are concerned, they would have much preferred to encounter the risks of cholera than the distress and starvation caused by the measures taken to prevent it. Among the great evils of extreme measures of quarantine to guard against the spread of infection are the panic and demoralisation that ensue, causing people to neglect their duties to the sick and dying and to one another.

It is semi-officially stated that an International Conference is to assemble in Paris at the end of January to consider the means that should be adopted for the prevention of the spread of cholera in case of the reappearance of the epidemic next year.

FRONTIER PRECAUTIONS AGAINST CHOLERA.

(FROM OUR SPECIAL CORRESPONDENT.)

The Measures that may be taken against England.—How the Belgian and German Frontiers were controlled.—The Number of Travellers.—The Number of Sick.—Disinfection Statistics.

IT is very generally admitted that a cholera epidemic of some severity may occur in England next summer. Now is, then, the time to decide what precautions we should take, and to prepare ourselves for the consequences likely to accrue from the precautions that may be enforced against us. As far as the latter are concerned, I have made inquiries from the French Government and I am assured that all is in readiness to establish the system of medical examination and sanitary passports at Calais, Boulogne, Dieppe, and Havre. Therefore, if cholera should break out again in England every person on landing in France will have his luggage searched for soiled linen, and all dirty objects of wearing apparel will be taken away and disinfected by steam under pressure. The necessary apparatus

is ready and can at a few hours' notice be despatched to the maritime stations. If the passenger is in good health he will be allowed to proceed, but if he fails to conform to the stipulations of his sanitary passport he will be liable to from three to fifteen days' imprisonment; on the other hand, he will be only required to give a correct address and report himself immediately on arriving at his destination. All this I have described before, and the only new feature about such precautions is the possibility that in the near future they may be applied against travellers landing from England.

M. Monod, Director of the Public Hygiene Department at the Ministry of the Interior, has communicated to the Society of Public Medicine and Professional Hygiene some details as to this service. From Dunkerque to Delle there were established thirty-two frontier sanitary posts which had to control forty-three roads. The presence of cholera at Hamburg in 1892 was officially reported on Aug. 26th. The most important medical examination stations on the French frontier were in working order by Sept. 2nd. The first time such a service had been established in France was during the small epidemic of cholera in Spain which occurred in 1890. In that case, however, nearly the whole of the traffic came through Hendaye and Cerbère, and it was therefore easy to watch and to control it. On the northern and eastern frontiers the traffic is much greater and the roads are more numerous. The thirty-two posts established had to deal with great crowds of people, and not only did they control railway trains but sometimes tramway lines. Nine of these stations had to watch over a canal and a railway line; and at Vieux-Condé there are a canal, a railway station, and a tramway line, all three crossing the frontier. From Dunkerque to Delle the frontier line was divided into two. The half to the east was placed under the control of Dr. Netter, and that to the north under Dr. Thoinot. Ten disinfecting stoves, eight of which were on wheels and could be taken from place to place, were dispersed along the frontier. There were also eleven pulverisers and nine caldrons. The sanitary staff employed to examine the luggage and disinfect the linen amounted in all to 168 persons. Gendarmes at the railway stations placed the passengers in single file along the platforms. Those who were recognised to be in good health had only their dirty linen disinfected, but the passengers who seemed to be in doubtful health or who came from places notoriously contaminated had all their luggage disinfected. After a few days, and when some experience in this work had been acquired, it was accomplished with such promptitude that the trains were not delayed for more than about half an hour.

On the canals every boat or barge was detained till it had been examined by the doctor of the sanitary post. All dirty linen and bedding was disinfected, the crews were examined, and each received a sanitary passport. The barges that came either from Antwerp or Hamburg were placed under medical surveillance for three days. One of the principal results of the epidemic of 1892 has been the recognition by the French and German Governments of the danger arising from river and canal navigation. Apart from the frontier towns and villages where the sanitary posts were established there are a great number of roads and paths that cross the frontier. It was impossible to maintain sanitary posts on each of these roads; orders were therefore given to all the Customs officers to prevent the admission of any dirty linen into France excepting at the frontier stations where a sanitary post was organised. In the course of sixty days at the thirty-two sanitary posts established on the Belgian and German frontiers 268,561 travellers underwent medical examination. In 1890 the number of passengers who passed a similar examination on the Spanish frontier amounted to 135,000. It will be seen that the strain on the French authorities was much greater in 1892 than in 1890. Of the 268,561 persons who crossed the frontier 146,058 received a mere *laissez-passer*, for they were only going to places in the immediate neighbourhood and intended to recross the frontier to return home on the same day. Many of these persons came directly from cholera-infected districts, and though they proposed to stay in France for only a few hours the danger was just as great—indeed, greater, for they could not be so well watched. A person from Belgium might, while in France, be taken ill, infect the house he had visited, and return to Belgium on the same day, sicken, and perhaps die from cholera. In France the fate of this visitor would not be known, and the places he had perhaps contaminated would not be disinfected. It was much easier to take precautions with respect to the 104,286 travellers who received sanitary passports, for they were going to remain in France and could therefore be watched day by day.

When cholera broke out in the Belgian mining district of the Borinage a great number of Belgian workmen went to France in search of work. They walked over the frontier carrying on their backs small bundles of clothes. These were far from clean, and in the course of two or three days no less than 5850 bundles of clothes had to be disinfected. At Blanc-Misseron two Belgian workers seemed to be so dirty that they were stripped and bathed, and the clothes they were wearing were disinfected before they were allowed to pass. Four other travellers who appeared to be in ill-health and came from a cholera-infected town were not allowed to pass. They preferred returning home to remaining a few days under observation in the lazaret. At Delle 260 emigrants arrived with the view of travelling across France in order to go to the United States; but the United States would not at that time receive emigrants. There was consequently no need for them to enter France, and as they came for the most part from Russia and were in a state of extreme filth they were not allowed to pass the French frontier.

Altogether 25 658 different packages of linen, &c., were disinfected at the thirty-two frontier sanitary posts, and 3691 barges or boats. Twenty cases or boxes were not allowed to enter the country. Two boats, which were so filthy that cleaning and disinfection were wellnigh impossible, were prevented from passing the frontier and sent back. As for passengers detained at the frontier and placed under medical observation the number was very small, being, in all, only thirteen. As far as England is concerned, these same measures could be carried out with much greater facility. There is no frontier line, with tramways and pedestrians constantly passing to and fro. To travel from England to France is a regular journey—and in bad weather a very painful one—not to be lightly undertaken by those who are subject to sea-sickness. Passengers on landing cannot possibly avoid the close scrutiny of the officials standing at the gangway. The precautions carried out along the whole line of the Belgian and German frontiers could be applied with much greater facility at the Calais maritime station. This must be expected next year if there should be any recrudescence of cholera in England. In 1892, from Sept. 1st to Dec. 31st, 2588 ships coming from cholera-infected countries entered French ports and disembarked 81,351 persons. If to this figure are added the 268,561 persons who crossed the land frontier there is a total of 349,912 persons who came into France from countries where cholera prevailed. 30,602 boxes belonging to passengers who landed in French ports were disinfected. This figure, however, does not include the clothes of the crews and the bedding and linen used on board. Of the 2588 ships, 206 were placed under medical observation for a period that rarely extended beyond twenty-four hours. In no case was it found that cholera had been introduced into France by any one of these ships. The French Government further sought to carry out the same precaution with regard to the ships which left its own contaminated ports as it imposed on the ships that arrived from infected ports. Thus, for instance, as soon as the presence of cholera was officially recognised at Havre a sanitary inspection was made of all the vessels leaving the port. In all, 639 such inspections were made at Havre, and there were besides 63 medical inspections of ships about to sail. The French authorities boast that after this service had been established no case of cholera was taken by any ship leaving Havre to any other French or foreign port. No dirty linen was allowed to be put on board at Havre; every passenger was medically inspected, and those who seemed to be ill were retained. Unfortunately these precautions were all taken after "the horse had been stolen." Doubtless the stable-door was close locked, but the *St Paul* had already sailed, and it conveyed cholera to Antwerp. Also I should much like to know what has been done at Marseilles this year. Have precautions similar to those imposed at Havre last year been likewise applied at Marseilles?

A very large proportion of the travellers who crossed the frontier line went to Paris. From Aug. 29th to Nov. 5th the Paris Prefecture of Police received 30,756 notifications affecting 41,875 persons. Of this number 37,677 persons presented their sanitary passports and reported themselves without delay. It was necessary to organise a special service to watch over all these people and to call for five days consecutively at their respective hotels or dwellings. There

are inspectors who visit the hotels and lodging-houses and inspect the books kept for the police, which give full details of every arrival. These, who constituted the ordinary police inspectors, were employed to watch over all the bearers of sanitary passports. In Paris 140 inspectors were engaged in this work, and they paid in all 160,000 visits. It will be inquired what was the result of this great amount of labour. The answer is somewhat startling, as only twelve persons were found to be ill, nor does the official report state that these persons were suffering from cholera; the inspectors simply found that they were ill, and therefore called in the "doctor for epidemics" to visit them. It has already been related how few persons were stopped at the frontier. The use, then, of this elaborate organisation and this great amount of labour has been its deterring influence upon travellers. Knowing that this service of medical inspection was established at the frontier, no traveller ventured to cross it unless he was convinced that he was in good health; also, all travellers were careful about their luggage, and rarely carried with them any dirty linen or other articles likely to be seized by the sanitary inspectors. Doubtless these frontier precautions have served the purpose of a good object lesson, teaching the travelling public not to travel unless in good health and to be clean in their persons, their linen, and their baggage. Quite apart from the question of the diffusion of cholera this was an excellent lesson to teach.

CHOLERA IN FRANCE.

DURING the month of November only a few cases of cholera were reported in France. These were confined exclusively to the department of the Finisterre in Brittany, to the extreme west of France, and the hope was generally entertained that the epidemic was over. News has, however, just come to hand that appears to indicate a recrudescence of cholera in the coal-mining districts to the extreme north of France. On Dec. 2nd a miner living in the canton of Wimy, commune of Tzel-lez-Equerchin, near Lens, was taken ill. As at that moment there was much work to be done and extra wages to be earned, he persisted in returning to the mine. He died on the following day, the symptoms being those of cholera. During his brief illness he had been nursed by a woman of somewhat delicate temperament aged forty-eight years. This person fell ill shortly afterwards and died from cholera on Dec. 6th. Thus there was an interval of only three days between the two deaths. Two days later the daughter of this woman also died. She was twenty-three years old. Finally, on Dec. 9th, a woman aged fifty-eight years who had lent some bedding to the mother and daughter also fell ill and died in a few hours. The contagion in all these cases seems to be very clearly established. The mayor of the locality telegraphed to the authorities at Arras for assistance, and a disinfecting stove was at once sent to him. It reached Wimy on Dec. 11th, and from that date it has been possible to apply those measures which the French authorities prescribe in such cases. The first death, as has been seen, occurred on Dec. 3rd. By Dec. 9th there had been four cases, resulting in four deaths, all connected by personal contact with the first case. Will the arrival of the disinfecting stove on Dec. 11th and the precautions taken to prevent further personal contact suffice to prevent the occurrence of other cases of cholera? These are questions that require very careful investigation on the spot, and we hope that the local authorities and medical practitioners will not fail to collect such evidence as may satisfactorily elucidate these important problems.

HONOURS AT THE UNIVERSITY OF LONDON.

IT may be of interest, in view of the possible re-constitution of the University of London, to note the medical schools whose students were placed in the honours division at the recent M.B. examination. The distinctions were fairly equally divided; but it is noteworthy that Owens College has the credit of gaining the scholarships in medicine and in forensic medicine, that in obstetric medicine falling to St. Bartholomew's Hospital, two other students of which hospital obtained the number of marks qualifying for the gold medal in that subject. The gold medal in medicine and that in forensic medicine were gained by St. Mary's Hospital, whilst that in obstetric medicine was gained by the Middlesex Hospital. The latter prize-winner, as well as one of the St. Bartholomew's Hospital students, are partly credited to University College, which otherwise has not secured such high positions as usual.

Medical School.	Medicine.			Obstetric Medicine.			Forensic Medicine.		
	Class I.	Class II.	Class III.	Class I.	Class II.	Class III.	Class I.	Class II.	Class III.
Guy's Hospital	1‡	1	—	—	1	—	1	—	—
London Hospital	—	—	1	—	—	—	—	—	—
Middlesex Hospital	1	2	—	1†	—	1	1	—	—
St. Bartholomew's Hospital	1	2	3	3*†‡	1	—	—	2	—
St. George's Hospital	—	2	—	—	—	—	1	—	—
St. Mary's Hospital	2†	1	—	1	—	—	1†	—	2
St. Thomas's Hospital	1	—	1	1	1	—	—	1	—
University College Hospital	—	—	—	—	1	1	—	—	1
Westminster Hospital	—	1	—	—	—	1	—	—	—
School of Medicine for Women	—	1	1	—	1	1	—	—	—
Owens College, Manchester	2*	1	—	1	1	—	2*	—	—
	8	11	6	7	6	4	6	3	3

* Scholarship. † Gold medal. ‡ Qualified for medal.

METROPOLITAN HOSPITAL SUNDAY FUND.

THE annual general meeting of the constituents of this Fund was held in the Egyptian Hall of the Mansion House on Tuesday, Dec. 19th, under the presidency of the Right Hon. George Robert Tyler, Lord Mayor. In opening the proceedings the President expressed the pleasure he felt in presiding over the meeting. The meeting was small, and, although that might be due partly to the state of the weather, everything was of such a satisfactory nature that probably many members thought it scarcely necessary to attend.

Mr. RICHARD B. MARTIN, M.P., who in the absence of Sir Sydney Waterlow, Bart., moved the adoption of the report, thought the Fund was to be congratulated on the smallness of the meeting. In the City the best-regulated affairs had small attendances at their meetings, and it was only in times of excitement that they had the doubtful advantage of a large gathering. With regard to the collection of the Fund he suggested that ministers should make collections, not only on Hospital Sunday, but that house-to-house collections should be also made. If this were done, especially in the richer parts of London, more than one collection might exceed the £1000 which appeared on the report this year. He drew attention to the unsectarian character of the Fund, and believed that there was as much good done with as little expense as any other charity in the city of London or even in England. For the third time Sir Savile Crossley had given the munificent sum of £1000 and the Fund had received a further anonymous donation of £300, £150 of which was to be used for the surgical appliances fund. The total amount collected for the year amounted to £39,200, as against £41,500 in 1892. The number of contributing congregations had increased by thirty-one over those of last year. The year had been one of great commercial depression, and he thought they were fortunate in finding that their fund had not been more reduced.

Dr. JAMES GREY GLOVER, in seconding the motion, alluded to the great loss that the Fund had sustained in the death of Sir Andrew Clark. Although the collection was a little smaller than last year he did not think that the council had ever more reason to be satisfied with the state of the Fund. They were ten or twelve thousand pounds higher than when the Fund was first established, and he believed that in a few years they would attain to ten or twelve

thousand pounds more than they received at present. He expressed his emphatic belief that not only did the hospitals never need the support of the public of London so much as they did to-day, but that they never deserved that support more than at the present time. In the good management of the Fund, and in the principles on which it was administered, they had the best ground for appealing with greater confidence than ever for public support. The small number of complaints and the willingness of even those who did not get the grant they thought they were entitled to to leave their affairs in the hands of the distribution committee spoke well for the management of the Fund. A most fundamental reform had been introduced by requiring of the hospitals an improved system of keeping accounts, and this had been attended with great success.

The Rev. W. H. HARWOOD suggested that ministers should preach a preliminary sermon a week previously to Hospital Sunday in order that people might come prepared.

Mr. H. C. O. BONSOR, M.P., thought that the laws under which the collections were administered, which enabled them to enter into the private affairs of the hospital or dispensary, acted as an absolute check upon anything like wasteful expenditure.

On the motion of the Rev. Prebendary WHITTINGTON, seconded by the Rev. Canon LEIGH, the council was re-elected, the vacancies being filled by the following: His Grace the Duke of Fife, K.T., &c., the Right Hon. Lord Knutsford, G.C.M.G., the Right Hon. C. T. Ritchie, the Rev. H. L. Paget, M.A., Sir Savile Crossley, Bart., Sir Stuart Knill, Bart., Sir William Broadbent, M.D., Mr. John Mackrell, and Mr. F. D. Mocatta.

The Venerable Archdeacon SINCLAIR, in proposing that Hospital Sunday should be held on June 10th, stated, on the authority of the Chief Rabbi, that this would be the first year in the history of the Fund that the Jewish people would be able to have their collection on the same day, as June 10th happened to fall in the Feast of Weeks, and this festival would be a convenient time for the collection to be made among the Jewish community. He suggested that ministers might take advantage of that day to call the attention of their congregations to the amount of suffering which still existed in spite of the efforts of the Church, and he suggested that ministers should themselves visit a hospital preparatorily to writing their sermon, in order that their minds might be filled with a realistic picture of pain and suffering.

The Rev. D. RIGG seconded the proposal, which was agreed to, and a vote of thanks to the chairman, proposed by Mr. THOMAS BRYANT, was cordially responded to and gracefully acknowledged by the Lord Mayor.

BENNO JAFFÉ AND DARMSTAEDTER LANOLIN FABRIK *v.* JOHN RICHARDSON AND COMPANY (LEICESTER), LIMITED.

IT is not often that a patent action presents so many points of interest to our readers as does that of Benno Jaffé and Darmstaedter Lanolin Fabric v. John Richardson and Co. (Leicester), Limited, in which Mr. Justice Romer delivered judgment on Saturday last. Quite apart from the great commercial and technical importance of lanoline and the corresponding value of the monopoly which the proceedings were instituted to establish, there is the fact that the anticipations by which the defendants in the action sought to disprove the validity of the patent grant were old authorities upon materia medica who have long since passed into the region of medical lore. Thus we heard much of our old friend Dioscorides, whose prescription for the preparation of "œsypus" from wool-fat was put forward as a prior publication of the secret of the manufacture of lanoline, and his directions were traced through Pliny into the Pharmacopœia Londinensis of 1661 and the libraries of the Royal College of Physicians and the Pharmaceutical Society were ransacked to furnish examples of these ancient documents. It is interesting to observe how much that in the intervening space of time had dropped into oblivion has been recovered by modern scientific discovery and invested with wholly new significance by finding a place in a system of chemistry. We publish on another page a special article dealing with this aspect of the evidence from Dioscorides.

The questions decided in this action may be summarily stated in a few words. The defendants are manufacturers of an unguent which they have sold under the name of "annspaline," a product in which wool-fat is the principal ingredient. It was shown at the trial that in the course of manufacture the purified wool-fat was worked with water into an emulsion, so that incidentally lanoline was produced, although not in a separate form. Upon this part of the case there was no real dispute between the parties, the struggle being concentrated upon the issue of the validity of the patent grant. The course of the discussion was very efficiently reviewed by Mr. Justice Romer in the course of his judgment, in which, *inter alia*, he said: "What, then, was the invention which enabled this new product to be made? To appreciate that, it is necessary for me to state shortly some of the properties of wool in its uncleansed state and its products. It contains, besides impurities of various kinds, two fatty matters—namely, fatty acids in various forms, which, when mixed with an alkali, form a soap, and cholesterine fats, which are practically not capable of being turned into soap by alkali. So that, when the wool is washed with an alkali or alkaline soap the liquor contains (1) cholesterine fats, (2) soap, and (3) impurities; and these three constituents differ in specific gravity, the cholesterine being the lightest. If to this liquor acids are added in the way adopted before this patent the result is that the alkali is driven out of the soap, and the fatty acids set free rise to the top together with the cholesterine fats and some of the impurities, so that the fats skimmed off contain not only the cholesterine, but the fatty acids mixed with impurities, and these go to form the ordinary commercial wool-fat. Now the fatty acids are the cause of rancidity, and it was chiefly due to their presence in the commercial wool-fat that it had the defects I have before pointed out, and could be utilised only for the coarse purposes I have mentioned, and not in pharmacy or medicine. If the cholesterine fats be freed from these fatty acids and the other impurities, then a product is obtained which, when kneaded and washed, is found to have a great capacity for taking up water with it, and to have the highly useful qualities I have before referred to under its name of 'lanolin.' Now the above properties of wool and its different constituents were for the first time fully ascertained and discovered by the inventors of the patented invention, and what they patented was the way by which (availing themselves of the properties they had discovered) the cholesterine could be separated from the fatty acids and the impurities and be worked up so as to make the lanolin. That way is seen to be a very simple one when once discovered and set forth; but with this, as with many other inventions of the highest importance, it does not follow that, because it appears simple when discovered and explained, it was obvious before, or did not require invention, or is not of great merit and the proper subject for a patent. The contrary is the case here. Though many had previously sought a process whereby a better product might be obtained from wool-washings than the commercial wool-fat, no such process had up to the date of this patent been ascertained, and I gather that the inventors only discovered the new process after a long course of investigation and experiment. The new process, stated shortly, is this: Take the liquor (or lye, as it is sometimes called) coming from wool-washings by alkali or alkaline soap. Refrain from acidulating it—that is, take the fresh, undecomposed lye, and, bearing in mind that the three ingredients—(1) cholesterine fats, (2) soap, and (3) impurities—are of different specific gravity, separate them mechanically by the well-known best and quickest method—that is, by a centrifugal machine. Take the light cholesterine fats or raw lanolin so separated, and knead it in cold water. Further purification can be obtained by putting it in hot water (so separating the fat), and then putting the fat matter again through the centrifugal machine, or dissolving the fat by a solvent and separating the solution by any of the well-known means. And the fat so cleansed is then again kneaded with water, and the product 'lanolin' is obtained. The specification also points out that you can obtain the product from commercial wool-fat by treating the latter with an alkali so as to obtain a milky fluid, which is equivalent to the fresh undecomposed lye and can be treated accordingly. Now, from what I have stated it is clear that no objection could be properly made to this patent, either on the ground that the invention patented was not useful or on the ground that it was not new, or not good subject-matter. What additional fact, then, have the defendants to rely upon to support an objection on any of the above grounds? Sub-

substantially nothing but this. It appears that the Greeks were aware, and Dioscorides pointed out, that from wool could be obtained by washing in hot water some of its grease, and that if this grease were collected and washed repeatedly in water a substance called œsypus could be obtained, which was useful in certain cases as an unguent. But, so far as the process can be ascertained from the known editions of Dioscorides or the treatises of persons acquainted with his writings or with this œsypus, it is clear that it could not produce lanolin, nor would any person acquainted with such process as described have been naturally led to discover lanolin. For (amongst other reasons) not a word is said in the descriptions of the process about any alkali being used; and, from what I have stated above, it is clear that without it no lanolin could be produced. Washings in water, if repeated often enough, will remove some of the more soluble of the fatty acids, but will not remove all, some of those fatty acids not being soluble in water. And indeed, from the description of this œsypus set forth in the published works on the subject, put in evidence by the defendants, it appears to me it had not the properties of lanolin. In addition, œsypus was practically unknown as a product for many years before this patent, and when, in fact, it was last used no one knows. It was last referred to in any pharmacopœia in the year 1720. Doubtless it was cast aside because not practically useful ..... All I need say in conclusion on this part of the case is that if any person can produce a useful article by merely following the directions of Dioscorides he is at liberty to do so, notwithstanding the patent; but I doubt if he can do so; and certainly it cannot be said that those directions are an anticipation of this patent, or deprive the inventors of the merits of their invention, or prevent the Court from saying that the invention was new, and good subject-matter for a patent, and of great value. This disposes of all substantial objections to the patent. The result is, I hold the patent to be good. The only remaining question is as to infringement, bearing in mind that the patent is a claim for the making of lanolin and does not separately claim the product itself. Now, admittedly, what the defendants are selling under the name of anaspaline is (putting aside an immaterial ingredient) merely lanolin. The question is, how is it made? Treating, as I am entitled to do for this purpose, the defendants and the manufacturers from whom they buy their unfinished product as one person, the defendants' process of manufacture may be shortly stated thus. They adopt in substance the whole process of the patent, the only difference in the form of the process being that instead of mechanically separating the fresh undecomposed lye procured by alkali washing by the centrifugal machine they separate it mechanically by letting the lye rest in a vessel, so that the lighter portion, being the cholesterine fat, goes to the top, and then they skim that off and work it. Does this enable the defendants to say that they have not infringed the patent? I think not. They appear to me to have taken the essence, or what is sometimes called the pith and marrow, of the invention. The use of the centrifugal machine was not of the essence of the patented invention. That machine was a well-known method of separating mechanically materials of different specific gravity, and was to my mind referred to in the specification as being, and because it was, the most speedy and efficient known means for effecting that separation. The mechanical separation by allowing gravity to act on such materials when deposited in a vessel in the ordinary way is a well-known equivalent, though not so speedy or efficacious, and the defendants cannot by adopting this, when they in all essential matters take and use the plaintiffs' invention, be heard to say that they are not using that invention or infringing the patent."

Judgment was accordingly given for the plaintiffs, with costs.

DIOSCORIDES AND LANOLIN.

WE refer to-day on the preceding page to the remarkable trial which has just taken place before Mr. Justice Romer in which the defendants in a patent action—Benno Jaffé and Darmstaedter Lanolin Fabrik *v.* John Richardson and Company (Leicester), Limited—cited Dioscorides by way of anticipation of the patent under which lanolin is manufactured. The exact passages used for this purpose were Latin translations of Dioscorides' work, found in the libraries of the Royal College of Surgeons and the Pharmaceutical Society. These, as being in the circumstances matters of special interest to our readers, we have reproduced below, and for economising space we have taken the extract found in the Royal College of Surgeons as a text, and have added, by way of comment only, the important variations to be found in the other editions referred to. The English translation which accompanies the Latin text is the rendering put forward at the trial and in the main adopted by both parties to the action.

VII. (1) *Dioscorides de Medica Materia*, published at Cologne in 1529. "De Lanis et earum sordida pinguedine, quam Græci Œsypum dicunt."—Lib ii. cap. 66. Published within this realm before the date of Plaintiff's Patent.

Eria [Romani lanas dicunt] probatissime succidæ lanæ sunt, molles, et ex collo fœmoribusque pecoris detonsæ. Vulneribus a principio statim ex aceto, oleo, vinove utiliter imponuntur: contusis itidem desquamatis livoribus fractisque ossibus. Adspergines enim facile cobibunt et sordium suarum pinquedine, quæ œsypus est, egregie molliunt. Faciunt ad capitis, stomachi, aliarumque omnium partium dolores, ex aceto et rosaceo impositæ.

. . . . . .

Qui vero œsypus quasi ovium sordes dicitur, succidarum lanarum collecta pinguitudo est, quem hac ratione conficies. Sumito molles et succidas lanas, lanarisque herbæ radicibus non curatas calida aqua lavato, cunctas simul exprimens sordes, expressas deinde sordes in craterem patentioris oris conjicito, superinfusaque ex alto simul multoque impetu majore haustro in vas aqua, violenter ut spumescat subigito, aut lignea rude validissime misceto, usque dum multa et sordida concrescat spuma: marinam dein aquam illi inspergito. Cumque consederit spuma, collectam supernatantem pinguitudinem aliud fictile conjicito.

Iterum deinde nova crateri superinfusa aqua iterum misceto, et marina aqua spumam iterum conspergito et colligito. Idque tamdiu facito, donec nulla amplius omni absumpta pinguitudine concrescat spuma. Post hæc collectum œsypum manibus subigito et emollito; purgatisque si quas habebit sordes, omnem sinito priorem defluere aquam; novamque infundens, iterum manibus subigito, donec admotus linguæ œsypus linguam leniter adstringat nec mordeat nites-

Dioscorides de Materia Medica. — "Concerning wools and their fatty secretion, which the Greeks call Œsypus."—Lib. ii., cap. 66.

TRANSLATION.

Ἔρια [the Romans call them lanæ] are best selected fresh wools, soft and shorn from the neck and thighs of sheep. They are applied, firstly, with advantage, steeped in vinegar, oil or wine, to the direct treatment of wounds; also to squamous contusions, bruises, and broken bones. They most readily absorb whatever liquor they are immersed in, and by their own fatty secretions, which are called "œsypus," prove extremely emollient. They are good for pains in the head, of the stomach, and of all other parts, applied with vinegar and oil of roses.

. . . . . .

But this œsypus, as it were the greasy secretion of sheep, is the collected fat of fresh wools, which you must prepare in this manner:—Take the soft and fresh wool, which has not been treated with the roots of fuller's wort, and wash in hot water, at the same time pressing out all the grease; then throw the expressed grease into a bowl of rather wide opening, and water is poured over it at the same time from a height and with considerable force with a large water engine into a vessel; stir up with some force so that it may form a scum or thoroughly well mix with a wooden spatula until much greasy froth collects; then sprinkle sea-water on it. And when the scum has accumulated throw the supernatant collected fat into another vessel.

Then again mix the scum a second time with fresh water poured into the bowl, and once more sprinkle it with sea-water, and collect. Continue to do this until, all the fat having been removed, no more scum rises. After this knead and soften the collected œsypus by hand, and, if it shall have any impurities left from the washings, allow all the first water to flow away, pouring on fresh, and again treat it by hand until the "œsypus" placed on the tongue is slightly astringent,

catque simul et albescat. Curatum postremo sic œsypum in fictili repositum servato. Quæ omnia sub calidissimo sole agenda esse memineris.

Sunt etiam qui per colum trajecta œsypi pinguitudine frigida aqua manibus confricant, eodem quo ceram mulieres modo lavant; evadit quæ œsypus is candidiore colore. Inveniuntur et qui ex lotis lanis expressas sordes in aqua lento igne in lebete coquunt; colligentesque supernatantem pinguitudinem aqua, ut præmonstratum est, lavant et in fictile quod calidam habebit aquam transferentes linteaque lacinia operculantes in sole ponunt donec satis crassescat et candido colore fiat. Quinetiam plerique post biduum ejecta priore aqua aliam superinfundunt.

Probatur œsypus qui ex lanis radicibus lanariæ herbæ non curatis collectus fuerit; qui nihil asperitatis in tractu habebit et succidæ lanæ odore erit, quique in testa confricatus cum aqua albescit, duri concretique nihil in se habens; qualis est qui cera adipeve adulteratus fuerit.

Calefaciendi vires œsypus habet, ulcera explet et mollit; præcipueque sedis et muliebrium locorum, cum campana sertula et butyro. Fœtus idem et menses in lana appositus extrahit. Facit ad aurium et genitalium vitia cum anserino adipe. Facit et ad erosos oculorum angulos, genarum scabies, callos, et palpebrarum defluvia. Crematur œsypus in nova testa, donec cinefactus omnem amiserit pinguedinem. Colligitur ex œsypo fuligo etiam, eodem quo præmonstratum est in aliis modo, oculorum medicinæ accommodata.

The extract from the edition in the library of the Pharmaceutical Society begins at the second paragraph of the above and is taken from an edition published at Leipzig in the year 1829, and edited by Curtius Sprengel. The only important variation occurs in the last sentence but one of this paragraph, where the Cologne edition directs sprinkling with sea-water (inspergito), but the Leipzig reads: "tumque spumam perfundito, ac demum excipito."

The same discrepancy occurs a little later in the first sentence of the next paragraph in the extract where the Cologne edition reads: "Iterum deinde nova crateri superinfusa aqua iterum misceto et marina aqua spumam iterum conspergito et colligito;" whereas the Leipzig edition runs: "In alterum vas fictile recipito, et affusa in labellum aqua hanc denuo agita tumque marina spumam perfundito ac demum excipito."

The language of the author himself is:—

εἶτα κατάβραινε θαλάσσῃ καὶ ὅτε καταστῇ τὸ ἐπινηχόμενον λίπος ἀναλάμβανε εἰς ἕτερον κεραμεοῦν ἀγγεῖον ἐπιχέας τὲ ὕδωρ εἰς τὸν κρατῆρα πάλιν τάρασσε καὶ κατάβραινε τῇ θαλάσσῃ τὸν ἀφρόν.

does not bite, and at the same time becomes bright and white. Lastly, keep the œsypus, thus purified, in an earthenware jar—all which be mindful to do in the heat of the sun.

Some also rub the fat of the œsypus by hand in cold water, and pass through a strainer in the same manner as women wash wax, so that the œsypus comes out a whiter colour. There are to be found some who heat in a cauldron with a slow fire, the fatty secretion pressed out in water from the washed wools, and the collectors wash the supernatant fat in water, as has been already described, and, transferring it into the jar which held the hot water and covering it with a linen cloth, place it in the sun until it has become sufficiently firm and of a white colour. Moreover, many (the first water having been rejected), after the space of two days, pour over it a second.

That œsypus is esteemed which has been collected from wools not cured with the roots of fuller's wort, which has no harshness to the touch, and possesses the smell of fresh wool, and which being rubbed in the jar with water becomes white, and has in itself (i.e., in its texture) nothing hard or matted, which is the sort which has been adulterated with wax or lard.

Œsypus has the property of imparting warmth; it fills up and softens ulcers ..... Also by its application it stimulates parturition and the menses. It is good for diseases of the ears and genital organs, mixed with goose-fat. It is good for eroded corners of the eye, scabies of the cheek, hardened skin (callosities), and suppurations of the eye-lids. Œsypus is incinerated in a fresh jar, until being reduced to ash it has lost all fatty matter. A soot (fine charcoal) is even collected from œsypus in the same way as has been elsewhere described, and used as a remedy for the eyes.

No reliance was placed at the trial upon the Greek original, nor was it even put forward as a prior publication. It is given here only for the purpose of enabling our readers to discriminate between the two translations.

The interest of this point arises from the circumstance that it is a little difficult to say what purpose this treatment with sea-water was intended to subserve. In the judgment of Mr. Justice Romer the prior publication in Dioscorides was found to be no anticipation of the lanolin patent, for the reason, chiefly, that it did not indicate that any treatment with an alkali should be adopted, such as would have the effect of removing the fatty acids from the wool-fat and leaving the cholesterine fats unmixed with those impurities. Now, whatever the treatment with sea-water was designed to serve, it certainly could not supply the place of a free alkali; and, indeed, on theoretical grounds, one would expect it to cause precipitation of these constituents and to render insoluble any soap which might by chance be present in the liquid. According to that view the result would be to contaminate the cholesterine fats and, in substance, to produce a coarse form of purified wool-fat similar to the railway grease to which the judge expressly referred. The effect, therefore, of a more minute examination of this point is to support the conclusion at which the judge arrived, that the method of purifying the wool-fat by saponification is not indicated by these old writers upon materia medica.

Another point of interest in this passage is the reference to the use of œsypus as an ointment for application to mucous membranes, which the official translation somewhat obscures by a prudish omission to render the words "præcipueque sedis et muliebrium locorum" as seats of those ulcers to which the unguent is peculiarly well adapted. In this respect, at least, the old writer was abreast of modern science, for he knew perfectly well that the facility with which these fats emulsify makes them peculiarly capable of remaining in effective contact with moist surfaces.

THE HEALTH OF THE ITALIAN ARMY.

ACCORDING to the report recently published by Dr. Santanera on the sanitary condition of the Italian Army, we find that a sensible improvement has taken place in 1892 compared with the previous official year. This improvement, however, Dr. Santanera ascribes in great measure to the fact that in 1891 two classes of levies were called under arms, while in 1892 there was no class whatever called out.

In the "luoghi di cura" (places of cure) in 1892 there were admitted 175,916 soldiers; from these, however, must be deducted 14,134 who passed from the "infermerie" (infirmaries) to the hospitals, or from the hospitals to the "depositi di convalescenza" (depôts for convalescents), and so the real number of admissions is reduced to 161,782 patients, classified as follows: in the "infermerie di corpo" (corps infirmaries), 71,316; in the military hospitals, garrison infirmaries, and special infirmaries, as also in the depôts for convalescents, 76,235; and in the civil hospitals, 14,231. In the military hospitals and in the garrison and special infirmaries (*infermerie di presidio e speciali*) there were during the year 78,400 "ammalati di truppa," that is, 76,119 proceeding directly from the army corps and 2281 from other sanitary establishments.

The "ammalati militari di truppa" (military patients of the line) admitted during the year into civil hospitals were 14,231, besides 60 proceeding from other hospitals; the former number included 93 accommodated in various lunatic asylums (*manicomii*). The troops of the line under treatment in civil hospitals were, all told, 15,521. The mortality of the officers treated in hospital was always far higher than that of the troops of the line, while the mortality of individuals not belonging to the army has always been lower. The mortality of officers treated in hospital is always greater that that of the other categories for the reason that, as a rule, they betake themselves to hospital only for serious maladies—for such, indeed, as are more apt to be fatal.

In 1892, as in previous years, the heaviest contingent of patients came from the grenadiers; after them came, in the descending scale, the field artillery (*artiglieria di campagna*), the infantry of the line, the engineers, and, last of all, the cavalry. The smallest number of patients, as in the preceding period of four years, was supplied by the Royal Carabineers. With regard to the number of days spent in hospital or

infirmary, the greatest number belongs, as invariably happens, to the wounded troops, more especially the cavalry proper, with the exception of 1891, in which year, for special and transitory reasons, the grenadiers showed the preponderance. As a whole, the mean proportion of *morbosità* (sickness) in 1892 was perceptibly lower than that of the preceding year, while the mean of the days spent in hospital was higher by one day.

The month of January presented the maximum of *morbosità*, and this is explained for 1892 by the fact that—to say nothing of the season—the last class of levies called under arms in the preceding December had not had time to adapt itself to military life.

VITAL STATISTICS.

HEALTH OF ENGLISH TOWNS.

In thirty-three of the largest English towns 6022 births and 5275 deaths were registered during the week ending Dec. 16th. The annual rate of mortality in these towns, which had increased in the preceding six weeks from 18·3 to 28·6 per 1000, declined again last week to 26·6. In London the rate was 29·1 per 1000, while it averaged 24·9 in the thirty-two provincial towns. The lowest rates in these towns were 16·0 in Norwich, 17·0 in Halifax, 18·9 in Gateshead, 19·0 in Sunderland, and 19·2 in Wolverhampton; the highest rates were 29·4 in Leicester, 30·5 in Derby, 31·8 in Liverpool, 31·9 in Nottingham, and 36·4 in Bristol. The 5275 deaths included 546 which were referred to the principal zymotic diseases, against 503 and 542 in the preceding two weeks; of these, 172 resulted from whooping-cough, 122 from diphtheria, 74 from measles, 66 from scarlet fever, 52 from "fever" (principally enteric), 47 from diarrhœa, and 13 from small-pox. No fatal case of any of these diseases occurred last week in Preston; in the other towns they caused the lowest death-rates in Oldham, Halifax, Sunderland, and Brighton, and the highest rates in Sheffield, Croydon, Bristol, Norwich, and West Ham. The greatest mortality from measles occurred in Norwich; from scarlet fever in Huddersfield and Nottingham; from whooping-cough in West Ham, Plymouth, Bristol, Derby, Bolton, and Sheffield; and from "fever" in Norwich, Derby, and Gateshead. The 122 deaths from diphtheria included 85 in London, 6 in Croydon, 5 in Birmingham, 4 in Manchester, and 4 in Sheffield. Three fatal cases of small-pox were registered in Birmingham, and two each in London, West Ham, Bristol, Bradford, and Leeds, but not one in any other of the thirty-three towns. There were 118 cases of small-pox under treatment in the Metropolitan Asylum Hospitals and in the Highgate Small-pox Hospital on Saturday last, the 16th inst., against 140, 141, and 128 at the end of the preceding three weeks; 22 new cases were admitted during the week, against 33 and 28 in the preceding two weeks. The number of scarlet fever patients in the Metropolitan Asylum Hospitals and in the London Fever Hospital on the same date was 3102, against 3140, 3183, and 3129, on the preceding three Saturdays; 295 new cases were admitted during the week, against 373 and 306 in the preceding two weeks. The deaths referred to diseases of the respiratory organs in London, which had increased from 271 to 841 in the preceding seven weeks, declined last week to 711, but were 254 above the corrected average. The causes of 99, or 1·9 per cent., of the deaths in the thirty-three towns were not certified either by a registered medical practitioner or by a coroner. All the causes of death were duly certified in Portsmouth, Bolton, Salford, Oldham, and in five other smaller towns; the largest proportions of uncertified deaths were registered in West Ham, Birmingham, Blackburn, and Preston.

HEALTH OF SCOTCH TOWNS.

The annual rate of mortality in the eight Scotch towns, which had been 27·8 and 26·0 per 1000 in the preceding two weeks, further declined to 23·0 during the week ending Dec. 16th, and was 3·6 per 1000 below the mean rate during the same period in the thirty-three large English towns. The rates in the eight Scotch towns ranged from 19·8 in Dundee and 20·5 in Aberdeen and in Leith, to 24·8 in Paisley and 26·5 in Greenock. The 648 deaths in these towns included 31 which were referred to whooping-cough, 13 to diphtheria, 9 to diarrhœa, 8 to scarlet fever, 3 to "fever," 3 to small-pox, and 1 to measles. In all, 68 deaths resulted from these principal zymotic diseases, against 74 and 76 in the preceding two weeks. These 68 deaths were equal to an annual rate of 2·4 per 1000, which was slightly below the mean rate last week from the same diseases in the thirty-three large English towns. The fatal cases of whooping-cough, which had increased from 9 to 33 in the preceding five weeks, were 31 last week, of which 10 occurred in Glasgow, 9 in Dundee, 6 in Edinburgh, and 4 in Perth. The deaths referred to diphtheria, which had been 15 and 13 in the preceding two weeks, were again 13 last week, and included 6 in Glasgow, 2 in Aberdeen, and 2 in Paisley. The 8 fatal cases of scarlet fever slightly exceeded the number in the preceding week; 6 occurred in Glasgow and 2 in Paisley. The deaths referred to different forms of "fever," which had been 12 and 7 in the preceding two weeks, further declined to 3 last week, all of which occurred in Glasgow. The 3 fatal cases of small-pox were recorded in Leith. The deaths referred to diseases of the respiratory organs in these towns, which had been 270 and 245 in the preceding two weeks, further declined to 180 last week, and were 19 below the number in the corresponding week of last year. The causes of 48, or more than 7 per cent., of the deaths in these eight towns last week were not certified.

HEALTH OF DUBLIN.

The death-rate in Dublin, which had been 27·1 and 30·6 per 1000 in the preceding two weeks, declined again to 28·2 during the week ending Dec. 16th. During the past eleven weeks of the current quarter the death-rate in the city has averaged 26·2 per 1000, against 23·0 in London and 22·7 in Edinburgh. The 189 deaths in Dublin during the week under notice showed a decline of 16 from the number in the previous week, and included 14 which were referred to the principal zymotic diseases, against 17 and 23 in the preceding two weeks; of these, 6 resulted from "fever," 3 from whooping-cough, 2 from measles, 2 from diarrhœa, 1 from scarlet fever, and not one either from small-pox or diphtheria. These 14 deaths were equal to an annual rate of 2·1 per 1000, the zymotic death-rate during the same period being 3·3 in London and 1·8 in Edinburgh. The deaths referred to different forms of "fever," which had been 7 and 9 in the preceding two weeks, declined again to 6 last week. The 3 fatal cases of whooping-cough were below those recorded in any recent week. The deaths from measles, which had been 4 and 5 in the preceding two weeks, declined again to 2 last week. The mortality from diphtheria and from diarrhœa corresponded with that recorded in the preceding week. The 189 deaths registered in Dublin last week included 26 of infants under one year of age and 47 of persons aged upwards of sixty years; the deaths of infants showed a marked decline from recent weekly numbers, while those of elderly persons showed a slight increase. Four inquest cases and one death from violence were registered; and 68, or more than a third, of the deaths occured in public institutions. The causes of 9, or nearly 5 per cent., of the deaths in the city last week were not certified.

THE SERVICES.

MOVEMENTS IN THE MEDICAL STAFF.

SURGEON-COLONEL FERGUSON has re-embarked for India on return from private leave. The following officers have embarked in the *Euphrates* for a tour of service in India: Surgeon-Major Poole and Surgeon-Captain Deeble. The following officers have embarked in the *Himalaya* for Singapore: Brigade-Surgeon-Lieutenant-Colonel Hughes and Surgeon-Captains Greig and Blenkinsop, the latter on return from leave. Surgeon-Major Baker has embarked for a tour of service in Malta, and Surgeon-Captain Curtis has proceeded in the *Tamar* for service in Bermuda. Surgeon-Captain Salmon has returned to Egypt from sick leave, and Surgeon-Lieutenant Johnson has resumed his duties at Aldershot. Surgeon-Captain J. M. Reid will proceed forthwith to Oxford for temporary duty, returning to Netley on completion. During his absence his duties as officer in charge of troops, &c., will be performed by Surgeon-Captain D. Semple.

ARMY MEDICAL STAFF.

Surgeon-Lieutenant-Colonel William Hamilton Briggs retires from the Service, receiving a gratuity (dated Dec. 20th, 1893).

INDIA AND THE INDIAN MEDICAL SERVICES.

The Queen's approval to the following promotions is gazetted:—*Bengal Medical Establishment:* Surgeon-Majors to be Surgeon-Lieutenant-Colonels: Alexander John Willcocks, M.D., Henry Kellock McKay, and Frederick Robert Swaine. Surgeon-Captains to be Surgeon-Majors: Louis Tarleton Young, M.D, Jas. Barry Gibbons, Donald St. John Dundas Grant, and Dirom Grey Crawford.—*Madras Medical Establishment:* Surgeon-Lieutenant-Colonels to be Brigade-Surgeon-Lieutenant-Colonels: David Sinclair and John North. Surgeon-Majors to be Surgeon-Lieutenant-Colonels: Hazlet Allison, M.D., and Thomas James Hackett Wilkins. Surgeon-Captains to be Surgeon-Majors: Edward Ronald Da Costa, Robert Bradley Roe, John Smyth, M.D., Hugh Greany, M.D, and Edward Pettingall Youngerman.—*Bombay Medical Establishment:* To be Surgeon-Lieutenant-Colonel: Surgeon-Major Matthew Lorenz Bartholomeusz. The following appointments are announced:—Surgeon-Captain F. C. Clarkson, Officiating Civil Surgeon of Faridpur, to act temporarily as Civil Surgeon of Gaya. Surgeon-Major R. R H. Whitwell, Civil Surgeon of Durbhanga, to be Civil Surgeon of Bhagalpur. Surgeon-Captain G. Jameson, Civil Surgeon of Tippera, to act as Civil Surgeon of Rajshai until further orders. Surgeon-Major J. A. Cunningham, M.D., Joint Civil Surgeon of Simla, to the Medical Charge of the Army Headquarters Staff and establishments remaining at Simla during the winter. Surgeon-Lieutenant T. Jackson, M.B., I.M.S., doing duty in the Poona District, to general duty, Sind District. Consequent on the return from leave of Surgeon-Major O. Baker and Surgeon-Captain R. E S. Davis, the following postings and transfers of Medical Officers are ordered: Surgeon-Major O. Baker to be Junior Civil Surgeon, Rangoon; Surgeon-Major S. H. Dantra, officiating Junior Civil Surgeon, Rangoon, to be Civil Surgeon, Mandalay; Surgeon-Captain C. S. Rundle, Civil Surgeon, Mandalay, to be Civil Surgeon Thayetmyo; Surgeon-Captain A. R. P. Russell, Civil Surgeon, Thayetmyo, to be Civil Surgeon, Toungoo; Surgeon Captain R. E. S. Davis to be Superintendent of the Rangoon Central Gaol, vice Surgeon-Captain J. W. Wolfe; Surgeon-Captain J. W. Wolfe to be Secretary to the Inspector-General of Gaols, with Civil Medical Adminstration. Brigade-Surgeon-Lieutenant-Colonel E. Townsend, M D., A.M.S., has, on return from England, been posted to the Medical Charge of the Central Station Hospital, Secunderabad. The services of Surgeon-Captain H. J. Dyson, I.M.S. (Bengal), are replaced at the disposal of the Government of the Punjab, from the date on which he relinquished charge of his duties as Officiating Sanitary Commissioner, Bengal. The services of Surgeon-Captain R W. S. Lyons, I.M.S., are placed at the disposal of the Government for employment in the Civil Department. Under instructions from the Horse Guards, it is notified that Surgeon-Lieutenant-Colonel Browne, A.M.S., is struck out of the strength of the Bombay Command. Surgeon-Major C. P. Lukis, Civil Surgeon of Naini Tal, accompanies the Lieutenant-Governor on his winter tour as Medical Officer to the Camp. Surgeon-Captain H. J. Younger, M.B., I.M.S., is granted leave to proceed out of India (m c.) for six months' Pension service.

NAVAL MEDICAL SERVICES.

Staff-Surgeon Henry John Madders, M D, has been promoted to the rank of Fleet-Surgeon in Her Majesty's Fleet. The following appointments are announced: Surgeons: J. M. France, to the *Ringdove;* G. E. Kennedy, to the *Marathon;* G. H. Foott, M.D. to the *Lapwing;* and J. M'C. Elwee, M.D., to Plymouth Hospital. Surgeon and Agent: William H. Dodd, at Cromane Point and Wells.

MILITIA MEDICAL STAFF.

Surgeon-Lieutenant-Colonel H. Wright, the Yorkshire Artillery (Western Division, Royal Artillery), resigns his commission; and is permitted to retain his rank and to wear the prescribed uniform on his retirement.

VOLUNTEER CORPS.

Rifle: 3rd Lanarkshire: Thomas Forrest, M.B., to be Surgeon-Lieutenant.—1st Tower Hamlets (the Tower Hamlets Rifle Volunteer Brigade: John Pollock Simpson, M.D., to be Surgeon-Lieutenant.—Galloway: Surgeon-Major W. Johnstone resigns his commission; also is is permitted to retain his rank and to continue to wear the uniform of the Corps on his retirement.

VOLUNTEER AMBULANCE SCHOOL OF INSTRUCTION.

The official inspection and examination of the regimental stretcher bearers' class, which has been under training for the past three months, took place at the headquarters of the Queen's Westminster Rifle Volunteers on Thursday, Dec. 14th. The inspection was made by Surgeon-Major J. J. Lamprey, A M.S, assisted by Surgeon-Captain W. R. Crooke and Surgeon-Lieutenant W. J. Smyth. At the conclusion of the examination Surgeon-Major Lamprey said that it was one of the largest and best classes he had ever examined, and stated that he and his colleagues were much gratified at the manner in which the men knew their work. He congratulated them upon their knowledge and the instructors on the great success of the class. The next class will be held at the headquarters of the 20th Middlesex (Artists) R.V. on Feb. 8th next.

THE FRENCH EXPEDITION IN DAHOMEY.

According to recent news from Dahomey General Dodd's force is pursuing Behanzin, who has been abandoned by the larger part of his followers and is stated to be closely hemmed in by the flying columns of the French. The health of the French troops is reported to have remained good in spite of the rapid marches of this last expedition.

THE LATE SURGEON-GENERAL J. E. CLUTTERBUCK.

We regret to announce the death of this officer at Plymouth, where he was residing at the time of his decease. Major-General Clutterbuck retired from the Army Medical Department in 1883 He joined the service in 1848 and was engaged in the Indian Mutiny campaign, for which he received a medal. He formerly served with the Black Watch.

"HOW TOMMY ATKINS IS FED."

The current number of *Blackwood's Magazine* contains an article under this heading which is worth reading by army men and others. The writer of it maintains that the system now established at the Army School of Cookery at Aldershot is a sound one, based on thoroughly economic principles, and eminently satisfactory to the soldier. The system is described in much practical detail. There is no doubt that Colonel Burnett and all connected with the messing reforms that have been brought about in the army deserve much credit for the great practical improvement that has undoubtedly been effected without any additional charge to the State.

EXPERIMENTS WITH THE MODERN RIFLE.

The Surgeon-in-Chief of the Roumanian army is reported to have made a number of experiments on corpses with the new type of Mannlicher rifle served out to the Roumanian troops, the results of which have been communicated to the Paris Academy of Science. A number of dead bodies were placed in positions so as to resemble soldiers on a field of battle. The range of the new rifles is said to be from 3400 to 4000 metres, or about two and a half miles. It was found that a single bullet at a range of 600 metres would pass through three bodies in succession when these were placed fifty centimetres behind each other. Upon the soft parts of the body it was found that the wounds were perhaps less serious than those caused by the old-fashioned rifles, the hole made by the bullet being smaller and more even; but on the whole the injuries inflicted—of bone especially—were more serious.

CENTENARIANS.—The daily papers of the last few days give records of at least three individuals whose lives had extended to or beyond 100 years. We give the names and addresses as we receive them, as follows:— Mr. John Chessell Buckler, of Melbury, Oxford, 100; Mrs. Elizabeth Daubney, Thornton, near Horncastle, 102; and Mr. William Wintle, Rodney, Westbury-on-Severn, 101.

ON Thursday, Dec. 14th, an interesting and suggestive lecture by Dr. W. R Gowers, F.R S., was delivered before the Phonetic Shorthand Writers' Association (of which body Dr. Gowers is a vice-president) on "Sunshine and Shorthand." The lecture was an ingenious and instructive effort to trace in a popular way the successive steps in the process of conversion of sunshine into the muscular activity exerted in the act of shorthand writing.

Correspondence.

"Audi alteram partem."

"THE MEDICAL DEFENCE UNION AND THE LONDON AND COUNTIES MEDICAL PROTECTION SOCIETY."

To the Editors of THE LANCET.

SIRS,—In THE LANCET of the 9th inst. there appears a letter signed by Drs. Leslie Phillips and Bateman, secretaries to the Medical Defence Union. There are in the letter certain statements which, in our opinion, ought to be dealt with at once in order that, in discussing recent occurrences in these two societies, facts may not be lost sight of in the cloud of words which threatens to obscure them. We now repeat in substance Dr. Woods' words as they are given in the letter of Drs. Phillips and Bateman, and we say that the conference which was held with a view to the amalgamation of these two societies was not terminated by the refusal of the subcommittee of the London and Counties Medical Protection Society to accept the revision of the names of their representatives by the Medical Defence Union. It is true that Dr. Heron said, in effect, and Mr. Bruce Clarke agreed with him, that such a proposal as this demand for scrutiny of the list of representatives was, in his opinion, so unreasonable that neither our council nor any other body of men who respected themselves would, in the circumstances, submit to it. However, after some conversation had passed touching this matter, Dr. Heron, in order to minimise its unreasonableness, proposed that the Medical Defence Union should submit its "list of councillors for the proposed joint society to the same measure of criticism to which the Medical Defence Union intends to submit the list of councillors to be proposed by the Medical Protection Society." This counter-proposal was formally put forward on Nov. 7th at the last meeting of the amalgamation committees of the two societies, was written out by Dr. Leslie Phillips, secretary to the Medical Defence Union, and Mr. Victor Horsley and Dr. Leslie Phillips, in answer to definite questions put by us, stated that the counter-proposal would be laid before their council, and that in about ten days' time our society should have their answer. We certainly believed, and said, that if the Medical Defence Union did not accept our counter-proposal, we did not think that our council would grant that society a right of scrutiny which the Medical Defence Union refused to us. To say that all this was an "after-thought and had no meaning" is to make a statement which, unlike the works of fiction of some years ago, is not even founded on fact. To this day we do not know whether the subcommittee of the Medical Defence Union did or did not lay our counter-proposal before their council. We had Mr. Horsley's promise that this would be done; and we believe, therefore, that it was done. Why, then, have the terms of our counter-proposal, and of the answer of the council of the Medical Defence Union, been so carefully excluded from the so-called *résumé* of the proceedings of the two subcommittees which has been published by the Medical Defence Union? Mr. Horsley knows that these important facts have been omitted from the *résumé*, to the correctness of which he pledged himself when he sent it to you for publication.

In our letter to THE LANCET of Dec. 9th we have stated the whole of the facts concerning the matter of what in the *résumé* is called the "fact that the London and Counties Medical Protection Society contemplated winding up." We have there shown that this statement is absolutely without even a shadow of foundation.

As to the rest of the letter of the two secretaries of the Medical Defence Union, we do not think it is necessary that we should deal with it. We prefer to allow your readers who are interested in the subject to judge of the tone of the whole letter by what we have shown is true of those parts of it which are material to the real points at issue.

We are, Sirs, yours obediently,
W. BRUCE CLARKE,
G. A. HERON,
HUGH WOODS.

Harley-street, W., Dec. 12th, 1893.

To the Editors of THE LANCET.

SIRS,—In your issue of the 9th inst. there appears a letter signed, we regret to see, with the names of Mr. Bruce Clarke and Dr. Heron. In this letter certain grave charges are made against the council of the Medical Defence Union relative to the facts enumerated in their *résumé* of the recent negotiations.

Charge No. 1: That in the twenty-ninth paragraph of the *résumé* the statement "that the London and Counties Medical Protection Society contemplated winding up" is untrue. In answer to this charge we have only to say that if Mr. Clarke and Dr. Heron choose to tear out from a sentence in the *résumé* a few words and try to lead your readers into the belief that the council of the Medical Defence Union made the above statement without context or qualification, such conduct will only bring with it its own condemnation. In common fairness and honesty of purpose Mr. Clarke and Dr. Heron ought to have quoted the whole paragraph, as then your readers would have seen that it was but one of a large number, all depending on each other, and that the accusation, consequently, is insincere. Mr. Clarke and Dr. Heron also, although compelled to admit that the subject was discussed, neglect to mention that the point was finally settled during the negotiations, and that the proposal that the London and Counties Medical Protection Society should wind up was determined upon, not only on the agreement of the negotiators, but also on the decisive opinion of both solicitors. It appears to us that by these omissions it is Mr. Clarke and Dr. Heron who have committed suppression of material fact, and we repeat that the paragraph in the *résumé*, if it be honestly read and not mutilated, is an absolutely accurate record of the negotiations.

Charge No. 2: That the council of the Medical Defence Union suppressed a "counter-suggestion" of the London and Counties Medical Protection Society. This charge was originally made in what Mr. Clarke and Dr. Heron, with seemingly involuntary truth, allude to as the "hasty reply of Dr. Woods penned" without consultation with "his other two colleagues." In our refutation of Dr. Woods' "hasty" misstatement of facts, and published in your issue of the 9th, your readers will find that the meetings were brought to an end by Dr. Heron, who declared that if the council of the Medical Defence Union adhered to their last proposal (and here we use his own words) "the negotiations were at an end." As we have already stated, the so-called "counter-suggestion" was utterly meaningless, and was properly treated as such by our council; for it had already been agreed to leave the executive of the Medical Defence Union as it stood and to admit the twenty nominees of the London and Counties Medical Protection Society as vice-presidents. The council of the Medical Defence Union therefore suppressed nothing in their *résumé*, for they ended their history of the negotiations where these latter had been terminated by the action of the London and Counties Medical Protection Society's representatives.

Charge No. 3: That not till Nov. 28th had they "any opportunity" of knowing the fate of their "counter-suggestion." This statement is the most regrettable of all, for it compels us to make public the fact that not only had the above points been fully made clear to Mr. Clarke and Dr. Heron long before Nov. 28th, but also that these two gentlemen actually called on the president of the union, Mr. Horsley, as early as Nov. 22nd, to learn from him what would be the probable result of the council's action at the usual fortnightly meeting to be held that afternoon. Mr. Clarke and Dr. Heron were thereupon informed that there was no probability that the council would alter its original proposition, and which was rejected by the London and Counties Medical Protection Society. Mr. Clarke and Dr. Heron then left, repeating their former statement (*vide supra*) that if that were so then the negotiations were at an end. To say, therefore, as they do now, that they "had no opportunity" of knowing how matters stood till a week later—namely, Nov. 28th—is already not true in fact. From certain hints and indications in the letter it would seem to appear that Mr. Clarke, Dr. Heron, and Dr. Woods wish the profession to understand that the negotiations have all along been unreal on their part, and that while the council of the Medical Defence Union imagined it was negotiating with the London and Counties Medical Protection Society, as arranged by the two societies on July 26th, 1893 (*vide* the *résumé*, paragraphs 4 *et seq.*), it was as a matter of fact dealing unconsciously with an oligarchy of only three, or more correctly, as Dr. Woods rarely attended, of but two persons totally devoid of any responsibility.

We remain, Sirs, yours truly,
LESLIE PHILLIPS, M.D. Brux.
A. GEORGE BATEMAN, M.B.

P.S.—We append a letter received from the solicitor,

Mr. Higham, who attended the meeting of the committee, as stated in the *résumé*, on behalf of the Medical Defence Union.

20, Craven-street, Charing-cross, London, W.C.,
Dec. 12th, 1893.

DEAR DR. BATEMAN,—My recollection of what took place at the meeting between the representatives of the Medical Defence Union and of the London and Counties Medical Protection Society on Oct. 24th last is as follows:—

The solicitors on each side were asked to advise whether the two companies could be bodily amalgamated, and we replied that there was no power in the Articles of Association of either institution to effect this; that the only course would be for the smaller society to go into liquidation, and for its members then to join individually the Medical Defence Union. In answer to further questions, we advised that the rights and privileges conferred on its members by the Medical Defence Union were equivalent to those offered by the London and Counties Medical Protection Society, and that the costs of the liquidation of the latter body could not legally be paid out of the funds of the Defence Union. We also replied to several incidental points raised by those who were present as to the mode in which the liquidator would have to deal with the assets and liabilities of the London and Counties Medical Protection Society. I certainly understood that liquidation was not only contemplated by the subcommittee of the London and Counties Medical Protection Society, but that they and their solicitor acquiesced in this as the only feasible method of amalgamation.—Yours faithfully,

S. STAGOLL HIGHAM.

A. G. Bateman, Esq., M.B.

To the Editors of THE LANCET.

SIRS,—As a member of both the above societies and an earnest upholder of the essential principles of both, I may be allowed to express my regret that the negotiations for amalgamation have been suspended, and I trust that they may very shortly be resumed and carried to a successful issue. The necessity which at one time appeared to exist for a second society having similar objects to the Medical Defence Union has now largely passed away and the carrying on of each separately involves a great deal of overlapping and waste of force. At the same time I feel sure that each society has something to learn from the experience of the other, and that it will be a great pity if personal considerations are allowed to interfere with the adequate representation of the younger society upon the joint council. This should be freely elected by those whom it will represent—viz., the members of each society—and the demand for a "scrutiny" by either party appears to me to be uncalled for and absurd. I fear that the Union has not lost its former autocratic character and still needs some new leaven. I, however, entirely disagree with Dr. Woods as to the necessity for paying honoraria to the secretaries; it is unfair to ask these gentlemen to undertake such an enormous amount of work for the benefit of others without giving them some equivalent. While admitting that the control of expenditure and the ultimate decision of all cases must rest with a central council, I trust that the formation of branches will be encouraged, since these will be most useful in acting as local medico-ethical societies and in furnishing information to the executive concerning cases which may arise in their districts.

I remain, Sirs, yours truly,

Dec. 11th, 1893. W. G. DICKINSON.

*** This correspondence must now cease.—ED. L.

"PUERPERAL SEPTICÆMIA."

To the Editors of THE LANCET.

SIRS,—In reading the letter by Dr. Leeson on Puerperal Septicæmia in THE LANCET of Dec. 9th I was very much struck with the great resemblance his experience had to my own. Although I have only been in general practice some seven years, yet during that time I have personally attended several hundreds of confinements, and consequently have had a fair opportunity of testing the important question of antiseptic midwifery. In my judgment nothing is so discouraging to a young medical man in commencing his career as unsatisfactory results attending his midwifery practice. The dire effects accruing to his patients, in the form of long sickness and sometimes death, have tempted many a man to give up his profession altogether and retire from the healing art. I can sympathise with Dr. Leeson when he writes: "I feared and dreaded midwifery. Although I rarely lost a patient, confinements were followed by a tide of complications and acute ill-health; I was bewildered and perplexed." I was in a somewhat similar state of mind when I chanced to come across what seemed to me a remarkable article in the form of an introductory address, delivered by Dr. Cullingworth at St. Thomas's Hospital in October, 1888, on "Puerperal Fever, a Preventable Disease." This presented the subject in an entirely new light, and the evidence and arguments adduced in favour of this view were to my mind simply overwhelming. From this time I considered it a matter of duty to begin the routine practice of using antiseptics in midwifery, and I may safely say that since adopting the practice of antiseptic midwifery I have had little or no anxiety after cases of labour, and I have found it a most exceptional occurrence for the temperature to rise above normal. Anything like serious illness or complications after delivery are also most rare. I have now given the matter a five years' trial, and am more convinced than ever of the truth that "puerperal septicæmia is preventable." My only regret is that I was not convinced sooner, and that in my student days this important subject was not brought more prominently before my notice. Of this much I feel certain, that if by the discussion of this subject in the columns of THE LANCET the members of our profession will be convinced of their duty and accept the truth of the benefits of antiseptic midwifery, much suffering and untimely death will be prevented.

I am, Sirs, yours truly,

S. R. COLLIER, M.D., M.A.O.R.U.I.

Wimbledon, Dec. 12th, 1893.

To the Editors of THE LANCET.

SIRS,—A case has recently occurred in my practice that I think bears out Dr. Playfair's opinion that puerperal sepsis may be due to sewer-gas. A man was taken ill with symptoms of enteric fever in a severe form, and death ensued in a few days. On the day of his death a woman was confined at the next cottage, and within twenty-four hours she was very ill with all the symptoms of puerperal fever, and died within a week; the baby was also taken ill with diarrhœa and high temperature, and likewise died. A sister of the woman who nursed her was also ill with diarrhœa and increased temperature. On inquiry it was found that in one corner of the living-room of the first patient a very foul smell had been noticed for some time, and it was also ascertained that the drains from both houses passed united under the cottage in which the puerperal case occurred.

I am, Sirs, yours truly,

ALFRED KEBBELL, M.R.C.S. Eng.

Flaxton, York, Dec. 10th, 1893.

"THE DIFFICULTIES OF DIAGNOSING SMALL-POX."

To the Editors of THE LANCET.

SIRS,—I trust you will permit me to supplement my letter in THE LANCET of Dec. 9th by one upon the case of Maud Keen. As my evidence in this case has been pretty accurately reported I will confine myself to restating that from what I heard while investigating the source of contagion, from close examination and observation of the rash, and from the absence of all constitutional symptoms of small-pox I have held, from first to last, that her disease was of the varicella type, though, of course, not in the most common form. The only other evidence in the case worth criticising is that of Dr. Ricketts, to whom I wish to refer with the greatest respect. To what, however, does that evidence amount so far as it depended upon personal knowledge? Only to this, that when he examined the girl four weeks after the commencement of her illness "the rash appeared perfectly distinctive of small-pox rather than chicken-pox." There was nothing of this evident when I saw her a fortnight previously. There was certainly no affection of the "second or third skin," so far as I understand these words of Mr. Curtis Bennett; for they are not histological terms with which I am familiar. There was only a reddish discolouration, which to me as I saw her dressed and going about the house did not appear redder than, nor different from what I had recently seen in a case of undoubted chicken-pox. I nevertheless accept Dr. Ricketts' evidence on this point. I accept it because I know that in cases of small-pox proper such marks as he describes continue to develop for a considerable time, and that often when we flatter ourselves that our patient has escaped disfigurement we find long afterwards that it is not so. The same may be the case in other allied diseases. Dr. Ricketts seems himself, however, to have felt that the presence of these marks was not sufficient to outweigh the absence of all other signs and symptoms of small-pox. So he went on, fortunately for my case, to strengthen his evidence as

follows: "The girl was conveyed from the wharf at Rotherhithe by the ambulance steamer, and the medical officer on the wharf would see her, and would not have allowed her to enter the ambulance ship unless she was suffering from small-pox." Did Dr. Ricketts know when giving this evidence that the colleague to whom he refers did actually refuse to allow to enter this ambulance ship a child out of the house where, in the opinion of Dr. Orme Dudfield, Maud Keen without doubt contracted her disease?[1] Dr. Ricketts would probably say that this diagnosis of the examining officer was erroneous; but this case was of that class where none but the most skilled observer is competent to distinguish chicken-pox from small-pox, while that of Maud Keen herself was of a character to preclude any doubt in the mind of a man who had had any considerable experience of these diseases. I think he would find it difficult, even in his own judgment, to justify such a differentiation between two cases, one of which he never saw. I can assure Dr. Ricketts that if he had seen the girl as I saw her, and at the same time, he would have found his difficulty in pronouncing the case one of small-pox increased, not by the smallness, but by the largeness of his knowledge and experience. At all events the medical officer at the wharf did send the child back as suffering from chicken-pox, and his colleague[2] considered that this fact justified him in refusing to "notify" another case in the same house. Nay, further, the medical man sent by the officer of health of Paddington to persuade him to do so came to the conclusion that the disease in both cases was chicken-pox, thus agreeing with the medical officer at the wharf. Surely the same fact might in itself have justified me in not notifying Maud Keen. I was not satisfied, however, with that—I used my own judgment upon her symptoms in addition. Nor were these the only medical men who diagnosed cases as chicken-pox in this epidemic. Still, in the same report the medical officer at the vestry dispensary in Mary-place, a colleague of his, "of large experience," and the "doctor" at St. Mary's Hospital are mentioned among others as doing so. I might ask, Why were not proceedings taken against these gentlemen? I do not press this question, however, as far more important matters are really involved. If, on the other hand—which, from his great experience, we would all be prepared to believe—the medical officer at the wharf was correct in his diagnosis, while I was wrong, what becomes of the common English doctrine upon these two diseases held almost universally since 1720, when Fuller wrote: "Small-pox can no more breed chicken-pox than a hen can breed a duck, a wolf a sheep, or a thistle figs"? We seem almost driven to accept the teaching of Hebra of Vienna, who concludes, as follows, an article quoted in Virchow's "Handbuch," Band iii., 1860-62: "These data, I say, prove that even varicella can become the source of devastating small-pox epidemics." I am not prepared to accept the dictum even of so great an authority, but such words from such a man must convince most people that the diseases sometimes approach each other more closely than is generally accepted, and it is more than possible that where we have epidemics of both diseases at the same time they may modify each other without being interchangeable. Perhaps it would be better for the stamping out of small-pox if chicken-pox also were scheduled as an infectious disease. At all events, some plan should be adopted under which the medical officer of health, if he has reason to believe that a case of infectious disease is being attended by a private practitioner without notification, might communicate with that practitioner and consult with him. It must certainly lead to great friction in carrying out the law if sanitary inspectors, without any notice to the medical man previously in charge, take upon themselves to recommend any other view or to impugn his diagnosis; and it will conduce neither to the dignity nor interest of the profession if they find medical men ready to encourage them in such a course.

I am, Sirs, yours faithfully,

Bedford-park, Dec. 13th, 1893. J. D. HIRST SMYTH.

"ODONTOMES."

To the Editors of THE LANCET.

SIRS,—Mr. Bland Sutton is unnecessarily sarcastic upon the subject of odontomata, which he has done so much to enrich, and therefore perhaps has a parental touchiness for. The nine (now ten) cases I mentioned to Dr. Swarn were all examples of "composite odontoma" (Sutton), and occurred, with one exception, in the lower jaw (mandible). The classical case of Mr. Hare of Limerick was a "radicular odontoma" (Sutton), and was redescribed by Mr. Tomes in 1872. Another large radicular odontoma from the lower jaw was recently described by Windle and Humphreys. I shall hope to satisfy Mr. Sutton in the chapter on Odontomata of the fourth edition of my work on the Jaws, now in the press.

I am, Sirs, yours faithfully,

Dec. 19th, 1893. CHRISTOPHER HEATH.

[1] Vide report on the Health of Kensington. No. XI., 1893, p. 153.
[2] Vide same report, p. 152.

"THE SO-CALLED 'PARASITIC PROTOZOA' OF MAMMARY CARCINOMA."

To the Editors of THE LANCET.

SIRS,—There is a mistake in Dr. H. Snow's letter, which you will perhaps allow me to rectify. Dr. Snow states that I borrowed the one slide, of which he is so proud, "professedly with the object of drawing some of the numerous and well-marked protozoa." As a matter of fact, I asked the loan of it as it illustrates, like all sections stained with one stain only, the pitfalls into which an observer might unwittingly fall, and into which Dr. Snow has fallen. In my last paper I have two such figures, copied from Dr. Snow's preparation (after having obtained his consent in writing), the first figure representing a hypertrophic, hyperchromatic, and fragmenting nucleus, and the other a large hypertrophied cell, containing a hypertrophied nucleus and one or more invaginated cells. Dr Snow's statement is therefore quite incorrect. I may add that I do not concede a single point raised by Dr. Snow, but the question of protozoa in cancer is so large that I do not think justice can be done to it in the correspondence columns of a medical paper, and I therefore abstain from discussing the main question. My sole object in writing was, and is, emphatically to protest against Dr. Snow attempting to defend himself against Dr. Cattle's admirable criticisms by sheltering himself behind me and implying, as he did in his first letter, that the figures he drew in his paper were identical with the protozoa described by my collaborators and myself, when, as Dr. Cattle has said, there is not the slightest resemblance between them.

I am, Sirs, your obedient servant,

York-terrace, N.W., Dec. 20th, 1893. M. ARMAND RUFFER.

"THE GENERAL MEDICAL COUNCIL AND THE DUBLIN PHYSICIANS."

To the Editors of THE LANCET.

SIRS,—If, as your correspondent "A Licentiate" states the Dublin College only requires a "full curriculum in surgery," and answers to chance surgical questions, I cannot see how its Licentiates can claim to be placed on an equality with those of the London College as far as surgery is concerned, for when I obtained the London L.R.C.P. in 1886, not only was a "full curriculum in surgery" required, but we had a paper on that subject, a clinical examination of surgical patients at a hospital, operations to perform on the dead body, and a *viva voce* examination in surgical pathology, &c.

I am, Sirs, yours truly,

Dec. 13th, 1893. L.R.C.P. LOND.

NORTHERN COUNTIES NOTES.

(FROM OUR OWN CORRESPONDENT.)

The Lead Industries on the Tyne.

THE report of the committee on the various lead industries has been received with interest in Newcastle, which is a principal centre of lead manufacture. Most of the recommendations of the committee are already carried out in all well-ordered factories, but the proposed age limitation for female labour commends itself to all who are acquainted with the matter as a prudent and necessary step.

Typhoid Fever at Houghton-le-Spring.

Mr. Park, the medical officer of health for Houghton-le-Spring, in his last monthly report says that the town is threatened with what appears to be a serious epidemic of typhoid fever. Thirty-three cases had been notified during the month in the town. He says that the main cause is the

sanitary state of some of the dwelling-houses. The board subsequently considered the question of the erection of a fever hospital.

Influenza in the Northern Counties.

The wave of influenza has apparently passed over Newcastle from east to west since I last wrote. We hear of it now at Hexham and Alston, where it is very prevalent, whole families being laid up. At Carlisle, too, and Wigton, as well as at Maryport, it appears to prevail, but it does not seem to be such a bad form of the disease as on the previous visitations. Small-pox is still prevalent at Leadgate, in Durham county; it is also reported as having appeared in St. John's Vale, near Keswick, amongst some workmen of the Thirlmere Waterworks, where it is supposed that the disease has been introduced by tramps.

Carlisle Microscopical Society.

Last week a paper on Leprosy was read by Dr. Barnes before the Carlisle Microscopical Society. After referring to the past history of the disease, Dr. Barnes submitted, in a brief form, a few results of the latest investigations which have been made as to the contagiousness of leprosy, from which it appeared, in his opinion, that the balance of evidence was in favour of its propagation by contagion.

Death of a Sunderland Surgeon.

The death of Mr. J. T. Reed, late of Ryhope, near Sunderland, which took place last week at Torquay from typhoid fever, was received in the north with much regret. Mr. Reed was a well-known practitioner in the Sunderland district and was a member of the Durham County Council. He was medical officer and public vaccinator for the Ryhope, Tunstall, district.

Presentation.

Dr. John Clay, who has been appointed senior house surgeon to the Newcastle Royal Infirmary, and was formerly a demonstrator in anatomy and physiology in the College of Medicine, Newcastle, has received a presentation from the students attending his classes.

Newcastle-on-Tyne, Dec. 20th.

SCOTLAND.

(FROM OUR OWN CORRESPONDENTS.)

Edinburgh Health Society.

THE seventh and last lecture of the session given under the auspices of the Edinburgh Health Society was delivered on Saturday last by Dr. Joseph Tillie. The lecturer dealt with the subject of "Patent and Quack Medicines." At its close the society held its annual meeting, at which the report for the year was submitted. It was stated that it had been able to resume its lectures after an interval of two years by the Combe trustees having given it a grant of £50. The income, including the grant, had been £73 14*s.* 8*d.*, and the expenditure £91 7*s.* 6*d*, leaving a deficit of £17 12*s.* 10*d.* The lectures had been well attended, but few persons had joined the society, and unless more support was given to it it would be impossible to continue them.

Queen Victoria's Jubilee Institute for Nurses.

The fifth annual meeting of the Scottish branch of this institute was held last week. In the report it was stated that there were now forty-five associations in Scotland affiliated with the institute. In Edinburgh and Leith the number of new cases nursed during the year was 2257, and the number of visits paid 51,705. The total ordinary receipts had amounted to £1725 5*s.* 4*d.*, and the expenditure to £1922 3*s.* 8*d.*, being an excess over income of £196 18*s.* 4*d.* The deficiency had been met out of the unexpended income of previous years. The chairman in moving the adoption of the report stated that there was not a poor person in the city who might not obtain, almost at a moment's notice, the service of one of their nurses. The institute was recommended to the increased liberality of the public, and certainly no organisation is more worthy of its support.

Small-pox in Leith.

Seven new cases of small-pox occurred in Leith between Saturday, the 9th, and Saturday, the 16th inst., and three deaths occurred during the same period. There have been several cases since Saturday.

The Christmas Vacation.

The medical classes in Edinburgh rise for the Christmas vacation on Thursday and Friday of this week and resume on Tuesday, Jan. 9th. Owing to the earlier date at which the winter session began, the Christmas vacation now marks the middle of the session, an arrangement which is far preferable to having the longer half of the session coming after the vacation.

The Aberdeen University Extension Scheme.

A meeting of the executive committee appointed in connexion with this scheme was held in the Town House last week, to consider a draft appeal proposed to be issued to the public with the view of obtaining further subscriptions for the above-named scheme. The Marquis of Huntly presided. Prior to the meeting copies of the draft appeal, containing a statement as to the financial position, had been circulated among the members of the committee. In this appeal were recapitulated the facts that at the outset £80,000 had been considered sufficient, of which £65,000 would be spent on Marischal College, and the remainder on King's College or Marischal College, as might be deemed fit; but that since then it had been estimated that £123,021 would be required. Estimated receipts show: from Government, £40,000; from Mr. Charles Mitchell (of Armstrong and Co., Newcastle-on-Tyne), £20,000; and subscriptions, £29,850; total, £89,850; leaving a balance to be made up of £33,170. The Lord Provost moved that a subcommittee be appointed to request from the University Court full information as to the whole financial position of the extension scheme, and as to the steps to be taken with regard to the future location of the Natural Philosophy Department. Mr. Davidson seconded. The Chairman moved that a subcommittee be appointed to confer with the University Court as to bringing up a report to the executive on the whole financial position of the extension scheme. Mr. Ramsay seconded. After considerable discussion the matter was put to the vote, by which time a number of the gentlemen on the committee had left the meeting. The result of the vote showed: for the Chairman's motion 2, for the Lord Provost's motion 7. The subcommittee appointed consists of the following:—The Lord Provost, Mr. Gill, Mr. Davidson, and City Treasurer Bisset.

The Aberdeen Medico-Chirurgical Society.

The annual dinner of this Society was held in the Society's Hall on the 15th inst. Dr. Angus Fraser, the President, occupied the chair, and Professor Stephenson, the Vice-President, was croupier. The function was, as usual, a great success, about thirty-five members and guests being present.

Dec. 19th.

IRELAND.

(FROM OUR OWN CORRESPONDENT.)

Health of Dublin for November.

As compared with the previous month, the deaths from whooping-cough show a marked increase, and the mortality ascribed to typhoid fever has decreased by nearly one-half, and that due to diarrhœa by two-thirds. The death-rate was 1·72 per 1000 in excess of the mean rate in the corresponding period of the previous ten years. On the other hand, notwithstanding the prevalence of typhoid fever, the zymotic death-rate was 0·41 below the mean rate for November during the same period.

The Epidemic of Typhoid Fever in Dublin.

The deaths from typhoid fever registered in Dublin during the months of September, October, and November amounted to 96 and show a gradual decline in the mortality. During September there were 41 deaths; in October, 33; and in November, 22. Dr. Grimshaw, Registrar-General for Ireland, has recently stated that he regretted exceedingly that the corporation had been unable to carry out the main drainage scheme, which he considered to be of the greatest importance. Great, however, as the advantages of the main drainage would be, he did not think it would be in itself sufficient so long as the subsoil of Dublin remained saturated with moisture and so long as that moisture was polluted with sewage. He had long, he said, regarded a system of subsoil drainage as essential to the health of the city, and he thought that the house-drains connexions and street sewers were very badly in need of attention.

He believed there were very few houses in Dublin which were properly connected with the sewers, and the sanitary accommodation in the poorer class of houses was very defective. A sanitary engineer writing on this subject remarks that as regards drainage the sanitary condition of the city depends on (1) house drains, (2) street sewers, (3) main drainage—that is, intercepting sewers to convey the contents of the street sewers away from the city, and (4) removal of subsoil water when it rises too close to the surface. The most perfect systems of improving the three latter will avail little in staving off sewage disease if house drains are left in their present condition, and the greater number of all classes of houses in Dublin are at present most imperfectly drained. Unless a house drain is both water-tight and gas-tight, sewage matter will soak into the soil beneath the house, and sewer air will escape upwards into it. It may safely be asserted that nearly all house drains constructed before 1880, and probably many which have been constructed since, are in this predicament, and the soil beneath any house with drains that are not water-tight must be largely saturated with sewage. Unless this state of affairs is remedied the people of Dublin must not expect to be free from sewage disease. An expenditure of about £480,000 on domestic drainage must be made if the houses of Dublin are to be placed in good sanitary order. So long as the house drains remain in their present condition main drainage alone will not prevent sewage diseases A good scheme of main drainage is doubtless a very desirable thing, as it will abate the Liffey nuisance, but it will not remedy imperfect house drainage. As regards pumping subsoil water—whether the latter is due to local springs, or to surface water sinking into the ground, or to water flowing underground from higher levels—to be effective it must lower the water level below the house drains and street sewers; but most of the street sewers, though built according to the state of knowledge at the time, were constructed of rubble masonry, Portland cement not having then come into use, and they are not water-tight; therefore, the effect of lowering the subsoil water effectively would be to draw the sewage out of the house drains and the street sewers into the subsoil, where, doubtless, it would be strained, leaving much of the sewage in the ground, while the pumps would discharge clarified water into the Liffey.

Coombe Lying-in Hospital, Dublin.

At a meeting of the governors of this hospital held last week Dr. Frederic Kidd, of Dublin, was elected master of the institution owing to the vacancy caused by the resignation of Mr. Hoey. The appointment is an admirable one, Dr. Kidd being a well-known obstetric physician.

Mr. James Coleman has been appointed physician to the Children's Hospital, Temple-street, in the room of the late Dr. P. C. Baxter.

The death is announced of Surgeon-Major H. Jagoe, of the Army Medical Department, on the 11th inst., at Charleston-road, Rathmines.

Dec. 19th.

PARIS.

(FROM OUR OWN CORRESPONDENT.)

Hard Chancre of the Abdomen followed by Albuminuria.—Axillary Chancre.

AT a meeting of the Société de Dermatologie et Syphiligraphie, M. Gastou exhibited a patient upon whose abdomen a sore, diagnosed as a hard chancre, had appeared in July, 1893, the infection being alleged to have been due to contact of a pustule (from pediculosis) with soiled bed-sheets. The sore was situated about two centimetres above and to the left of the umbilicus and had the appearance of an elliptical cherry-red ulceration covered with granulation, with raised hard edges, and measured six centimetres long by four broad. The axillary glands were enlarged. About mid-November, with the roseola, there appeared anasarca involving the whole body, the face excepted; the urine was scanty, thick, and high-coloured, and contained albumen in the proportion of one gramme eighty-seven centigrammes to the litre. Under the influence of an exclusive milk diet and iodide of potassium the œdema disappeared. M. Gastou rejects the theory of albuminuria *a frigore* or of mercurial origin, the patient having only taken mercury for six days. Although the man was addicted to alcohol, M. Gastou believes the albuminuria to be an unusually early manifestation of the action on the kidneys of the syphilitic virus. It may be mentioned that the patient is under treatment in Professor Fournier's wards at St. Louis. At the same meeting Professor Fournier communicated the notes of a case of a young man who had been sent to him by a brother practitioner with the diagnosis of undoubted syphilis, the initial lesion of which he had failed to discover, the sexual organs being free from any such sore. M. Fournier diligently, but fruitlessly, searched for any *porte d'entrée* that might have been overlooked. He then had recourse to what that sagacious clinician, Ricord, called, "la chasse au chancre par les ganglions." This method was successful in revealing three lymphatic glands in the left axilla, which were enlarged and abnormally firm in consistence. No sore was visible in the upper member, but in the axilla itself there was found to be a brown, rounded, circumscribed, and slightly raised macula, resting on infiltrated integument, yielding to the touch the sensation of a sheet of parchment. The patient then remembered that seven or eight weeks previously there began to develop in the armpit a small pimple, which enlarged and spread and finally ulcerated. This pimple made its appearance three or four weeks after an interview with a woman who tickled him several times in the axilla with her fingers. M. Fournier states that this is the first instance in his knowledge of a Hunterian chancre located in the axilla.

Toxic Effects of Borax.

The borax treatment of epilepsy has of late taken a great extension. It would appear, however, that the prolonged exhibition of a salt hitherto considered innocuous is not devoid of inconvenience to the patient, for M. Féré states[1] that he has observed cutaneous troubles in such patients consisting principally of seborrhœic eczema of the scalp. The hair is shed, but grows again when the administration of the borax is stopped.

Poisonous Properties of Viper's Blood.

MM. Phisalix and Bertrand have proved by experiments on guinea-pigs that the toxicity of the blood of the viper is considerable, and that the symptoms induced are of the same nature as those provoked by the venom of the same reptile.

New Method of Treatment of Tinea Circinata and Tonsurans.

M. Noir has recently published (*Progrès Médical*) the results obtained by him in his wards for the treatment of ringworm by means of the constant application of hot antiseptic solutions to the affected area. This mode of treatment was suggested to him by the spontaneous disappearance of an old ringworm of the scalp in a case of broncho-pneumonia where the temperature was much raised. He then tried the effect of water at 50° C. (122° F.) applied for a period of twenty minutes to a patch of ringworm of the dorsum of the hand contracted by a colleague. A few repetitions of this simple proceeding sufficed to cure the disease. M. Noir has since confirmed the efficacy of the method in ringworm of the wrist and arm affecting two of his nurses. In ringworm of the scalp he first has the hair cut quite close and scrubs the patch thoroughly with soft soap and water. Gauze soaked in a 1 in 2000 solution (at 50° C.) of corrosive sublimate is then applied and covered with oiled silk and a gauze bandage. The soaping and dressing are renewed daily. M. Noir states that he thus succeeded in curing the majority of his cases without having recourse to the troublesome operation of epilation.

Dec. 19th.

BERLIN.

(FROM OUR OWN CORRESPONDENT.)

Influenza.

THE present epidemic of influenza shows itself in a somewhat severe form. In the municipal hospital at Friedrichshain there were nine deaths among sixty-three cases. In nearly all the fatal cases pneumonia was the immediate cause of death.

Pneumono mycosis.

Dr. Kohn reports[2] a case of pneumono-mycosis aspergillina in a man aged fifty-eight. After death the aspergillus mycelium was found in the lungs. The patient had suffered long from

[1] Société de Biologie, Dec. 9th.
[2] Deutsche Medicinische Wochenschrift, No. 50.

chronic nasal catarrh and emphysema. Dr. Kohn suggests that the mucous membrane of the nose was first affected, and the parasite aspirated thence into the lungs. Besides following his ordinary occupation the patient was a breeder of canaries, and as these birds are specially liable to suffer from aspergillus Dr. Kohn thinks that the infectious material may have come from the birds.

Behring's Serum.

Dr. Bruschke[3] pricked himself with the needle of a syringe, with which he had just previously injected a mouse suffering from tetanus. The wound was immediately laid open and disinfected. Four days afterwards (no symptoms having been noticed in the interval) a dose of Behring's serum was injected. On the second day after the injection symptoms appeared which may be understood as having been caused either by some irritating matter in the serum or as due to an attack of tetanus controlled and diminished in violence by the serum injection. The attack ended in complete recovery.

Cholera.

Dr. A. Lazarus[4] reports a case of "laboratory" cholera in an assistant at the Moabit Hospital. It was an extremely slight one and ended in complete recovery, but comma bacilli were found in the stools, and the diagnosis was further established by cultures. The remarkable part of the case was that the patient's blood serum, which a year previously had only a protective value against cholera of 1 : 250, was found after the attack to have a value of 1 : 330,000. This seems to be a clear proof that Koch's comma bacillus, cultivated in the laboratory, is capable of causing cholera.

Dec. 19th.

RUSSIA.

(FROM OUR OWN CORRESPONDENT.)

Russian Medical Conference.

THE fifth conference of the Society of Russian Physicians in memory of Pirogof will be held in St. Petersburg from Dec. 26th (Old Style) to Jan. 3rd of the coming year. Daily meetings will be held. The president will be Professor Sutugin. Immediately after the St. Petersburg conference closes a similar congress will open in Moscow, where the Society of Russian Naturalists and Physicians will hold their ninth congress. The meetings will be held daily between Jan. 4th and 11th, 1894, and reports of the discussions will be published in a print to be issued daily under the title of the "Journal of the Conference."

Cholera in St. Petersburg.

Cholera still lingers in St. Petersburg. During the seven days ending at noon on Nov. 25th (Old Style) there were reported 20 cases of the disease and 11 deaths. In the previous week the figures were almost identical, the cases numbering 21 and the deaths 13. There remained under treatment on the date named 15 persons suffering from the disease.

Cholera in the Provinces.

In the provinces cholera is still responsible for a considerable amount of sickness and death, although it is certainly becoming less active as the winter advances. Podolia still retains the unenviable position of returning more cases of cholera than any other government in Russia. In the week ending Nov. 6th (Old Style) there occurred in this government 129 cases of the disease and 65 deaths; in Tchernigof, 110 cases and 28 deaths; in Kursk, 37 cases and 11 deaths; and in Samara, 30 cases and 15 deaths. In Kief, in the fortnight ending Nov. 13th, there were reported 100 cases of cholera with 38 deaths; and in Volhynia, for the same period, 122 cases with 65 deaths.

Influenza in St. Petersburg.

Influenza is again epidemic in the Russian capital as well as in other parts of the country.

Small-pox Inoculation and the Empress Catherine.

Last Sunday (Nov. 21st, Old Style) completed the 125th year since the introduction into Russia of protective inoculation against small-pox. On that date, in the year 1768, Her Imperial Majesty Catherine II. recovered from the effects of vaccination, or, to speak more correctly, small-pox inoculation, which had been performed upon her by the famous English physician Dr. Dimsdale, and the day was consequently appointed by an *ukase* of the Senate to be kept as a high day and holiday. The story runs that the Empress was extremely anxious to be inoculated, and that after Dr. Dimsdale had made experiments lasting for two months he carried out the little operation upon his Imperial patient herself. All was done with the greatest secrecy. At ten o'clock at night on Oct. 12th a carriage drove up to a side door of the Winter Palace, and from it descended Dr. Dimsdale and the Tsezarevitch (afterwards Emperor), Paul Petrovitch, the latter carrying under his furs an infant, who was to furnish the material for inoculation. On the next day the Empress retired to Tsarskoé Selo, where she is said to have passed "with great firmness of mind" through all the stages of the subsequent malady. The Tsezarevitch was soon afterwards inoculated, and when these facts were publicly announced it soon became the mode in St. Petersburg to submit to the process and the consequent illness. The infant from whom the Empress was inoculated was subsequently known as "Ospenni" (from *espa* = small-pox). He was made a Court page but died at an early age. Dr. Dimsdale, as is well known, was liberally rewarded by the grateful Empress. He received the highest civil honours, a pension of £500 per annum for life, and was created a Baron of the Empire.

Renewed Outbreak of Cholera in St. Petersburg.

During the past week there has been a sudden recrudescence of the cholera epidemic in St. Petersburg. For a considerable period the daily number of fresh cases had not exceeded two or three. On Saturday, Nov. 27th (Old Style), there was admitted to hospital only one person suffering from cholera, and on that day there were no deaths from the disease. On the following day there were no less than 13 new cases and 3 deaths; on Monday, the 29th, there were 38 cases and 15 deaths; on Tuesday, the 30th, 34 cases and 22 deaths; and on Wednesday, Dec. 1st, there were 16 cases and 5 deaths. At noon on the last date the total number of cholera patients under treatment, which in the previous week had fallen to 15, had again risen to 66. The cause of this sudden lighting up again of an epidemic which all thought was slowly becoming extinct has yet to be discovered. It may, however, be pointed out that Friday, Nov. 26th, was St. George's Day and was kept as a holiday among the Russian soldiers. Many of the recent attacks of cholera occurred amongst soldiers, and it is now stated that no less than 40 of these (of whom 15 are said to have died) had taken part in the banquet given at the Winter Palace on St. George's Day to men of all ranks who had obtained the St. George's Cross. For the present some caution is required in accepting these cases as instances of cholera. It is rumoured that the meat from which one of the dishes at the dinner was prepared was not good, and that this was the cause of the choleriform attacks. The matter will doubtless be investigated, and I venture to express a hope that the investigation will be thorough and that the results will be published. It is not unnatural to suppose that the unfortunate occurrence is an instance of ptomaine-poisoning on an extended scale, and all fresh evidence on this obscure subject will be welcomed.

St. Petersburg (Dec. 8th).

AUSTRALIA.

(FROM OUR OWN CORRESPONDENT.)

A Question of Medical Ethics.

FOR some time past the *Illustrated Sydney News* has been publishing a series of articles under the heading "Personal Portraits," giving a short biography accompanying a portrait of leading men in the colony, medical men being included. One morning a paragraph appeared in the *Sydney Morning Herald*, stating that the Council of the N.S.W. branch of the British Medical Association had been much concerned with the question of medical advertising, and had passed a motion expressing the opinion that certain statements in the press about some members of the profession were in the highest degree degrading. The Council at the same time wrote to two medical men, Dr. C. W. McCarthy and Mr. P. E. Muskett, whose "Personal Portraits" had recently appeared, asking if they had any explanation to offer of these notices of their lives "bearing unmistakable evidence of having been inspired" by

[3] Ibid.

[4] Berliner Klinische Wochenschrift, No. 51.

them. Dr. McCarthy replied in a very forcible letter pointing out that, as he was not a member of the B.M.A., it was "an unwarrantable presumption" on the part of the Council to write to him on the subject, and stating that the "assertion that the remarks in the biographical notice are 'inspired' is absolutely false." Dr. McCarthy forwarded to the public press the letter from the Council and his reply, and in so doing is said by the *Australasian Medical Gazette* "to have sinned grievously against good taste," although it is admitted that the Council "made a tactical mistake" in writing to Dr. McCarthy. Neither the Council nor the *Gazette*, however, explain why Dr. MacCarthy and Mr. Muskett were singled out for attack, while no notice was taken when similar biographies were published of Professor Anderson Stuart, Dean of the Faculty of Medicine, and Dr. Scot Skirving, an ex-president of the British Medical Association. Dr. McCarthy and Mr. Muskett were presumably selected for notice in the *News* because they have distinguished themselves outside the profession, the former in art, being a sculptor of some renown, and the latter in literature, a new work from his pen, "The Art of Living in Australia," being announced among Messrs. Eyre and Spottiswoode's forthcoming publications.

A Medical Bill for New South Wales.

Reference has been made in a former communication to the extent to which quackery thrives in the colonies, and especially in New South Wales, where there is no Medical Act. There is some hope that this anomaly will soon be at an end. In 1891 a Medical Bill was passed by the Legislative Council and forwarded to the Assembly for its concurrence, but owing to pressure of other business was never finally dealt with. The Bill was reintroduced into the Council in October with some slight modifications. It passed its third reading, and has been again forwarded to the Legislative Assembly, where, it is to be hoped, it will soon reach its final stage and be placed on the Statute-book.

A Remarkable Prescription.

The following is a curious instance of the credulity of the public. A man well known in commercial circles as a shrewd, intelligent man of business has been affected with a wryneck for some years for which he has had a variety of treatment from regular practitioners and a number of quacks. Among others he consulted a Chinese "doctor," who gave him the following prescription: Obtain a rooster exactly six months old, place him in a cage facing north, feed him with wheat ripened during the full moon, collect his excrement passed on the sixth day, mix it with sherry, and take a wineglassful of the resulting mixture three times a day. This the patient endeavoured faithfully to carry out.

The Sewerage of Melbourne.

I mentioned in a former communication that it had been proposed, in view of the serious check given to the prosperity of Melbourne, that the scheme for the sewerage of that metropolis should be considerably curtailed by omitting the outlying suburbs. The Metropolitan Board of Works has given the question serious consideration, but has decided, on the advice of Mr. Thwaites, its engineer-in-chief, not to alter the scheme any further.

Milk Poisoning.

At a recent meeting of the Victorian Branch of the British Medical Association, Dr. Gray, assistant medical inspector to the Board of Health, read a paper on some cases of sudden death which, after careful investigation, he attributed to the milk-supply. The dairy from which the milk was obtained was in a most insanitary condition, and it was presumed that tyrotoxicon had been developed in the milk and caused the fatal results. Some months ago an outbreak of disease, with one fatal result, occurred at Footscray, which was also traced by Dr. Gresswell, the chief inspector of the Board of Health, to the milk-supply. There can be no question that the milk-supply of Melbourne requires a much more vigorous supervision. Much of the milk is obtained from dairy farms where night soil is, or has been, used to manure the pasture grounds, and the arrangements of the dairies and milk stores are in many instances not only crude in the extreme, but positively insanitary. Discussion on Dr. Gray's paper was resumed at the last meeting of the branch, and a resolution was carried advising the public of the possibility of milk not only conveying the contagion of disease, but actually developing in itself a virulent poison, and recommending householders to boil their milk and to make personal inquiries into the sources of its supply. It was further suggested that every purveyor of milk should be compelled by law, on demand of a customer, to produce a certificate from the local health officer that the sanitary arrangements of his business were thoroughly satisfactory. Some objection was taken to the recommendation to boil milk, as it was alleged that this altered its chemical composition, and made it an unsuitable food for infants.

Obituary.

EDWARD J. TILT, M.D. PARIS, F.R.C.P. LOND.

WE regret to announce the death of Dr. E. J. Tilt, who died at Hastings on the 17th inst. at the age of seventy-eight. He was seized with cerebral hæmorrhage on Friday, the 15th inst., which resulted in paralysis of the right side and complete aphasia. He remained conscious for a few hours and then became comatose, dying forty hours after the seizure. Some eighteen months previously, we understand, Dr. Tilt had a slight paralytic seizure while staying at San Remo. He was a Knight of the Crown of Italy, a Fellow of the Royal Medical and Chirurgical Society and of the Medical Society of London, and consulting physician-accoucheur to the Farringdon General Dispensary. He was the writer of several works on subjects relating to obstetrics and gynæcology, among which may be mentioned "The Elements of Health and Principles of Female Hygiene," published in 1852, and "Change of Life in Health and Disease," the fourth edition of which appeared in 1882. His "Handbook of Uterine Therapeutics" and his work on "Health in India for British Women" also went through four editions. Among the papers which he contributed to the Obstetrical Society's Transactions were those on the Abuse of the Knife in Uterine Pathology, the Progress of Pelvic Pathology, and on Pelvic Lymphangitis. He also contributed a paper to THE LANCET in 1876 on the Pathology and Treatment of Defective Uterine Involution. Dr. Tilt was an original Fellow of the Obstetrical Society of London, and held office successively as councillor, vice-president, and treasurer. He was president of the Obstetrical Society in 1873-74.

MATTHEW CORNER, M.D. ST. AND., M.R.C.S. ENG.

WE regret to announce the death of Dr. Matthew Corner at the age of sixty-two, which took place on Thursday, Dec. 7th, at his residence, 113, Mile-end road. Dr. Corner was a native of Whitby, but having joined the London Hospital at an early age he from that time took up his residence in the East-end of the metropolis, where he died, and where his name will long be remembered in connexion with much excellent sanitary and charitable work. In 1866, when the eastern part of London was attacked by cholera, Dr. Corner was appointed deputy medical officer of the Mile-end district, a post which he afterwards filled successfully in his own person. Having been nominated a member of the Mansion House Relief Committee, he formed one of the party enlisted by Dr. Farr—the then government inspector—to examine the reservoirs of the East London Water Company, the result of which inspection was the discovery of so many serious defects that the system of storage was abolished. This important work, undertaken early in his career, disposed him to attend specially to hygienic matters, and there is no doubt that his energetic reports to the Mile-end vestry gave great impetus to sanitary reform in the district. Dr. Corner also took a warm interest in the East London Nursing Society, which has been for so many years the comfort and help of the poor during sickness at their homes. He graduated in 1852 as M.R.C.S., and in the following year took the degree of M.D. St. Andrews. He was surgeon to the Tower Hamlets Dispensary, and for many years was medical officer of health and food analyst to the Mile-end Old Town. He was a vigorous writer, and among his literary contributions we may recall a Special Report upon the Cholera Epidemic of 1866, a paper upon Open Spaces, and notes upon the action of opium and ergot in parturition[1] and on the treatment of epilepsy,[2] which appeared in our pages. Dr. Corner had been in precarious health for the last twelve years, his condition being due to a serious shock received in a carriage accident, but his fatal illness, during which he was assiduously attended by Dr. Donkin, Dr. Mansell-Moullin, and his son, Mr. Matthew Cursham Corner, was only of nine days' duration.

[1] THE LANCET, Jan. 9th, 1858. [2] THE LANCET, April 16th, 1859.

THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

AT an extraordinary meeting of the Council of the above College, held on Thursday, the 21st inst., Mr. J. W. Hulke, F.R.S., President, in the chair, the minutes of the ordinary council of Dec. 14th were read and confirmed.

The President reported the delivery of the Bradshaw Lecture, on the 7th inst., which was read by Mr. Bryant for Sir W. MacCormac and the best thanks of the Council were given to Sir W. MacCormac for the lecture, which he was requested to publish.

The hour for the delivery of the lectures at the College during the coming year was fixed for 5 P.M.

Mr. Langton was appointed a trustee of the Hunterian Fund, the Jacksonian Fund, and Sir Charles Blicke's bequest to the library, in the place of the late Mr. Marcus Beck.

The President reported the result of a correspondence by the Secretary with a Member of the College, in which the Member's attention was drawn to conduct of which the Council disapproved. A letter expressing his regret and withdrawal from the obnoxious practices was read, and it was resolved to take no further steps in the matter.

The Council had under consideration letters from Members of the College explaining the circumstances under which they had accepted shares in a trading company. It was resolved that the Members be informed that the Council, while accepting the explanation offered by these Members, regret that a want of circumspection on their part should have placed them in a position calculated to bring discredit upon them and the College.

The report of the Committee of Management was read and adopted. It contained recommendations with regard to the synopsis in elementary biology; the report of the Examination Committee of the General Medical Council; the remuneration for the services of a sanitary expert; the requirements of the General Medical Council relating to diplomas in public health; and Mr. Cooke's school in operative surgery.

Mr. Bryant reported the proceedings of the General Medical Council as representative of the College. The thanks of the Council were presented to him for his report, which was entered in the minutes.

Letters were read from the Royal College of Physicians of London and from friends of the late Sir Andrew Clark, expressing their thanks for resolutions of sympathy on his death.

A letter was read and laid before the Council from Mr. H. Percy Dunn, enclosing a report of a committee of the Association of Fellows of the Royal College of Surgeons of England.

Medical News.

UNIVERSITY OF LONDON.—The following have passed the October M.B. Examination:—

EXAMINATION FOR HONOURS.

MEDICINE.

FIRST CLASS.

Potts, William James (Scholarship and Gold Medal), Owens College and Manchester Royal Infirmary.
Morton, John Leyden (Gold Medal), St. Mary's Hospital.
†Howard, John Alexander, Guy's Hospital.
Armstead, Hugh Wells, University College and St. Bartholomew's Hospital.
Jaffé, Charles Samson, St. Thomas's Hospital.
Warrington, William Barnett, Owens College and Manchester Royal Infirmary.
Nathan, Edward Albert, St. Mary's Hospital.
Thomson, Herbert Campbell, Middlesex Hospital.

SECOND CLASS.

Davies, Howard Owen, St. Bartholomew's Hospital.
Johnson, William John, Guy's Hospital.
Clegg, John Gray, Owens College and Manchester Royal Infirmary.
Symes, John Odery, St. Mary's Hospital.
Carwardine, Thomas, Middlesex Hospital and University College.
Morrison, James, St. Bartholomew's Hospital.
Little, Ernest Graham Gordon, St. George's Hospital.
Rock, Frank Ernest, Middlesex Hospital.
Wells, Sydney Russell, B.Sc., St. George's Hospital.
Jones, Lillie Mabel Agnes, London School of Medicine and Royal Free Hospital.
Dickinson, James, Westminster Hospital.

THIRD CLASS.

Piercy, Ann Frances, London School of Medicine and Royal Free Hospital.
Rogers, Kenneth, St. Bartholomew's Hospital.
Bathurst, Lulium Wood, St. Bartholomew's Hospital.
Felkin, Henry George, London Hospital.
Soden, Wilfred Newell, St. Bartholomew's Hospital.
Wainwright, William Longworth, St. Thomas's Hospital.

OBSTETRIC MEDICINE.

FIRST CLASS.

Davies, Howard Owen (Scholarship and Gold Medal), St. Bartholomew's Hospital.
Carwardine, Thomas (Gold Medal), Middlesex Hospital and University College.
†Armstead, Hugh Wells, University College and St. Bartholomew's Hospital.
Morrison, James, St. Bartholomew's Hospital.
Morton, John Leyden, St. Mary's Hospital.
Clegg, John Gray, Owens College and Manchester Royal Infirmary.
Wainwright, William Longworth, St. Thomas's Hospital.

SECOND CLASS.

Jaffé, Charles Samson, St. Thomas's Hospital.
Travers, Frederick Thomas, University College.
Johnson, William John, Guy's Hospital.
Piercy, Ann Frances, London School of Medicine and Royal Free Hospital.
Rogers, Kenneth, St. Bartholomew's Hospital.
Warrington, William Barnett, Owens College and Manchester Royal Infirmary.

THIRD CLASS.

Dickinson, James, Westminster Hospital.
Kirkpatrick-Pickard, Arthur William, University College.
Jones, Lillie Mabel Agnes, London School of Medicine and Royal Free Hospital.
Rock, Frank Ernest, Middlesex Hospital.

FORENSIC MEDICINE.

FIRST CLASS.

Clegg, John Gray (Scholarship and Gold Medal), Owens College and Manchester Royal Infirmary.
Nathan, Edward Albert (Gold Medal), St. Mary's Hospital.
Thomson, Herbert Campbell, Middlesex Hospital.
Wells, Sydney Russell, St. George's Hospital.
Howard, John Alexander, Guy's Hospital.
Potts, William James, Owens College and Manchester Royal Infirmary.

SECOND CLASS.

Powell, Thomas Morgan Jones, St. Bartholomew's Hospital.
Jaffé, Charles Samson, St. Thomas's Hospital.
Griffiths, John Howell, St. Bartholomew's Hospital.

THIRD CLASS.

Eves, Percy Stanhope, University College.
Symes, John Odery, St. Mary's Hospital.
Morton, John Leyden, St. Mary's Hospital.

† Obtained the number of marks qualifying for a gold medal.
N.B.—The bracket indicates equality of merit.

UNIVERSITY OF DUBLIN.—The following degrees were conferred last week by the Senate:—

Licentiate in Medicine, Surgery, and Obstetrics.—James Edward Feely.

Bachelor in Medicine, Surgery, and Obstetrics.—Arthur Ion Adair, Richard William Brew, Joseph Dawson Crawford, Thomas Edwards, William Medlycott Graham, Francis Heron, George Pierce Moore, Arthur Hamilton Roberts, Robert Brice Smyth, and Charles Herbert Thompson.

Doctor in Medicine.—Rudolph Richardson Brunskill, Edward Cochrane, Robert Griffith, James Mathews Heron, Michael Archdale Morris, William Webb Shackleton, and George John Wilson.

In absentia.—William Archer Isaac.

HOUSING OF THE POOR.—This question seems to have become a burning one at Neath, near Cardiff, where a writer in the local press describes the condition of the dwellings of the poor as little better than that of pig-sties. In some cases what may by a euphemism be called "rooms" have for a flooring nothing better than mud-pools. The writer goes on to say that what Neath wants is artisans' dwellings at a rent of three or four shillings a week, and the corporation will have to learn that they will not be relieved of their responsibilities until some practicable scheme has been devised for the better housing of the poor in the locality.

VICTORIA UNIVERSITY.—The following appointments to vacant external examinerships were made by the Council at a meeting held on Dec. 14th: Chemistry: Sydney Young, D.Sc., F.R.S., Professor of Chemistry, University College, Bristol. Anatomy: Alexander Macalister, M.A., M.D., D.Sc., F.R.S., Professor of Anatomy, Cambridge. Physiology: E. A. Schäfer, M.R.C.S., F.R.S., Professor of Physiology, University College, London. Obstetrics and Diseases of Women: C. J. Cullingworth, M.D., F.R.C.P., Lecturer in Midwifery and Diseases of Women, St. Thomas's Hospital, London. Forensic Medicine and Toxicology: A. P. Luff, M.D., M.R.C.P., Lecturer in Forensic Medicine, St. Mary's Hospital, London. Public Health: Arthur Ransome, M.D., F.R.S.

THE SELECT COMMITTEE ON THE MANUFACTURE OF POTTERY.—The report on the ill-effects produced by the work done in the Potteries has just been issued. It is drawn up by the committee appointed last April by the Home Secretary. The facts now brought forward are of an important nature, and will be the subject of a full notice in our columns at an early date.

THE VICTORIA INFIRMARY, GLASGOW.—On the 7th inst. a new pavilion in connexion with the above infirmary was opened by the Lord Provost in the presence of a goodly number of sympathisers with the work of the institution. By this addition the accommodation provided in the infirmary will be nearly double that which formerly existed, so that more than 170 patients may be housed and treated in the same building, the addition to which is constructed on the most approved principles, having regard to both convenience and economy. A new operating theatre is also included in the extension.

TWO LORDLY GIFTS TO BACUP.—Three months ago Mr. Maden, M.P. for Rossendale, presented the corporation of Bacup with a recreation-ground. This gift has been followed by the presentation to the borough of a fine set of baths, the erection of which entailed an expenditure of something like £10 000. Naturally, the inhabitants of Bacup could not remain satisfied without expressing in a public fashion their appreciation of the munificent gifts, and this feeling was displayed by a parade of friendly and other societies; whilst in the evening the Mayor gave a banquet, at which the freedom of the borough was presented to Mr. Maden.

FOOTBALL CASUALTIES.—On the 9th inst., at Addlestone, in a match Addlestone against Wallington, on re-playing their junior cup tie, a Wallington back fractured his clavicle.—At Croydon, on the 12th inst., in a match between the Kensington and Croydon clubs, a player of the former club fractured his leg and was removed to the Croydon Hospital.—During a match, on the 15th inst., between the Hammersmith Club and the Honourable Artillery Company, a player of the former club fractured his clavicle.—On Saturday last a youth aged nineteen years sustained a compound fracture of his leg while playing an Association game in a match between Bromley and Stratford, Essex, and he was removed to the London Hospital.—On the same day, at Celtic Park, Glasgow, while playing a match between the Celtic and Albion Rovers, a player of the latter team fractured his right leg below the knee, and was taken to the Glasgow Royal Infirmary.

THE GREAT STORM.—The monthly meeting of the Royal Meteorological Society was held on Wednesday evening, the 20th inst, at the Institution of Civil Engineers, 25, Great George-street, Westminster, Dr. C. Theodore Williams, President, being in the chair. Mr. C. Harding, F.R.Met.Soc., gave an account of the Great Storm of November 16th to 20th, 1893. This storm was the most violent of recent years, and as far as anemometrical records are concerned the wind attained a greater velocity than has previously been recorded in the British Islands. The velocity of the wind was 96 miles in the hour from 8 30 to 9 30 P.M. on Nov. 16th in the Orkneys, where the hurricane burst with such suddenness that it is described as like the shot of a gun, and the wind afterwards attained the very high rate of 90 miles and upwards in the hour for five consecutive hours. At Holyhead the storm was terrific, the anemometer recording a wind velocity of 89 miles in the hour, and it was 80 miles or above for 11 hours; while the force of a whole gale, 65 miles an hour and upwards, was maintained for 31 hours, and for 4½ days the mean hourly velocity was 54 miles. Many of the gusts were at the rate of 115 miles an hour, and at Fleetwood a squall occurred with the wind at the rate of 120 miles in the hour. The storm was felt over the entire area of the United Kingdom, and the wreck returns show that disasters occurred with almost equal frequency on all coasts. Four weeks after the storm the official records gave the total loss of life on our coasts as 335, while there were 140 vessels which had been abandoned, or had foundered, stranded, or met with other severe casualty, involving either loss of life, or saving of life by some extraneous assistance. There were 600 lives saved on our coasts by aid of the National Lifeboat Institution and other means. Mr. Harding has tracked the storm from the neighbourhood of the Bahamas on Nov. 7th, across the Atlantic and over the British Islands to central Europe on Nov. 20th.

MR. J. KNOWSLEY THORNTON, M.B., C.M. Edin., has been placed on the Commission of the Peace for the county of Cambridge.

MR. H. G. TURNEY, M.A. Oxon., M.Ch., B.Ch., M.R.C.P. Lond., F.R.C.S. Eng., has been appointed an Assistant Physician, and Mr. H. Betham Robinson, M.D., M.S. Lond., F.R.C.S. Eng., an Assistant Surgeon to St. Thomas's Hospital.

TORBAY HOSPITAL.—This charity was founded in 1850 and owed its rise to the Torbay Infirmary and Provident Dispensary. The building itself, however, had for some time been found to be incapable of meeting the demands made upon it, consequently its reconstruction was determined upon. The structural alterations have been very extensive. The cost of the building and the furnishing will, it is estimated, fall not far short of £9000.

FREEMASONRY (ÆSCULAPIUS LODGE).—The ordinary meeting of this lodge took place at the Café Royal, Regent-street, under the presidency of Dr. F. Ernest Pocock, who was supported by the officers of the lodge and a large number of members and visitors. A. Pearson Luff, M.D., M.R.C.P. Lond., of the Grove Lodge, was unanimously elected a joining member. H. Ernest Simpson, L.S.A., and J. Crooks, M.D., C.M. Toronto, L.R.C.S. Edin., L.S.A. Lond., were admitted into Freemasonry. Herbert W. Nix, B.A., M.B., B.C. Camb., M.R.C.S. Eng., was also duly elected, but illness unfortunately prevented his being present. Deputy Inspector-General Belgrave Ninnis, M.D., R.N., was presented with a handsome jewel as an acknowledgment of the very able way in which he had conducted the affairs of the lodge during his year of office. A vote of two guineas out of the funds of the lodge was also unanimously given towards the late lamented Brother Surgeon-Major Parke's memorial. After other masonic business had been transacted the lodge was closed. The brethren and visitors then partook of a well-served dinner, at the conclusion of which the customary loyal and masonic toasts were duly honoured. Dr. Danford Thomas, the treasurer, provided some capital vocal music, which was much appreciated.

Parliamentary Intelligence.

THE HOUSE OF LORDS.

THURSDAY, DEC. 14TH.

The Isolation Hospitals Bill.

THE amendments to this Bill passed by the Commons were considered and agreed to.

THE HOUSE OF COMMONS.

THURSDAY, DEC. 14TH.

Small-pox in H.M.'s Prisons.

Mr. Henshaw asked the Secretary for Scotland if a local authority was bound to take charge of cases of small-pox which had occurred in Her Majesty's prisons and to bear the expenses attending the treatment of such cases and the cost of burial in the event of death.—Sir G. Trevelyan said that when a prison officer or a prisoner suffering from an infectious disease was removed to a hospital supported by the public rates, it was considered that the contribution in lieu of local rates made by the Government in respect of the prison entitled them to the benefits enjoyed by other ratepayers, and therefore no additional payment was made. In case of death of a prisoner the funeral expenses alone fell on the local authorities.

FRIDAY, DEC. 15TH.

A Case of Small-pox at Worcester.

In answer to a question put by Mr. Allsopp, Sir Walter Foster gave the particulars of a case of small-pox which formed the subject of some correspondence between the health committee of the Worcester corporation and the Hay local board and their medical officer of health, from which it would appear that there had arisen some disagreement as to the date at which a patient who had suffered from small-pox might be considered to be free from the risk of conveying infection to others. The question in dispute, therefore, between the medical man who had treated the case and other medical men who had subsequently seen it was as to its infectiousness at a particular stage of convalescence, and that point, in respect to the particular case in question, the board did not feel itself in a position to decide.

Volunteer Medical Staff Corps.

Mr. Campbell-Bannerman, in reply to Mr. Paul, said he could not add anything to the statement he had made in answer to a question put by Dr. Farquharson last week on this subject. The scheme of mobilisation did not admit of more Volunteer Staff Corps companies, though bearer companies were needed, and no doubt Edinburgh and its vicinity would in due time produce them.

Public Works at Brighton.

Sir Walter Foster, in reply to a question put by Mr. Cremer on the above subject, gave a list of the loans sanctioned by the Local

Government Board for various purposes in connexion with the sanitation and improvement of Brighton.

MONDAY, DEC. 18TH.

Tuberculosis.

Sir M. Stewart asked the President of the Local Government Board if the report of the departmental committee on tuberculosis was likely to be ready shortly.—Sir Walter Foster said he had communicated with the commissioners and he was assured that every effort was being made to ensure the early issue of their report.

Resident Schools for the Blind.

Sir Walter Foster, in answer to a question put by Sir E. Lechmere, stated that the Local Government Board had certified seventeen schools and institutions for the blind under the Act 25 and 26 Vict., Cap. 43, and he was prepared to furnish a list of those schools if necessary. Boards of guardians, he remarked, were empowered by statute to send, with the approval of the Board, any blind child to any school fitted for the reception of the child, although the school might not have been certified by the Board.

TUESDAY, DEC. 19TH.

The Drinking of Methylated Spirit in a Glasgow Poorhouse.

Mr. Provand asked the Secretary for Scotland if his attention had been called to the report by the acting inspector of the parochial board of Barony parish, Glasgow, in which reference was made to cases of delirium tremens in the asylum and poorhouse, and whether he would inquire into the regulations under which the sale of methylated spirit was conducted in Glasgow with a view to their revision.—Sir G. Trevelyan said the report referred to had been submitted to him and had been handed over by him to the Prison Commissioners, who informed him that according to the testimony of the medical officer of the above mentioned board, there was only one case of delirium tremens in the asylum and poorhouse which could be referred to the drinking of methylated spirit. The right hon. gentleman said he had been informed by the Board of Inland Revenue that fresh regulations were laid down by them in 1891, under which every effort was made to render unpalatable the methylated spirit capable of being sold retail.

Enniskillen Barracks.

Mr. Jordan asked whether it was true that when a sanitary officer reported the existence of a supposed nuisance in the Enniskillen Barracks the commanding officer declined to recognise the right of the inspector to enter the barracks, which were inspected by a military medical officer.—Mr. Campbell-Bannerman said he was informed by the legal adviser in Ireland to the War Department that the commanding officer in question had correctly stated the law.

Army Medical Staff.

Mr. Alpheus Morton asked the Under Secretary of State for India whether he would arrange for the Army medical officers and their men stationed in India to be put through a course of ambulance manœuvres annually similar to those promised by the Secretary of State for War for the home army.—Mr. George Russell replied that the Secretary of State had ascertained from the War Office the nature of the proposed instruction, and he would communicate the information to the Government of India and ask for their opinion.

Fever Hospital at Woolwich.

Mr. Godson asked the Secretary of State for War whether he was aware that a large hospital for fever patients (500 in number) was going to be erected within 150 yards of the present National Military Hospital at Woolwich (for 700 patients); whether there was not a better site further west, distant from all habitations and far more suitable owing to the natural formation of the land; and whether he would take such steps as might be necessary for bringing about an alteration of the site of the proposed new hospital.—Mr. Campbell-Bannerman said that the War Department objected to the proposed site for the fever hospital, but without success. He must not be understood as disputing the wisdom of the decision of the Local Government Board in the matter. All he wished to say was that he made representations on the part of the War Department and that these representations were of no avail.

The Metropolitan Asylums Board.

Mr. Cohen addressed a number of questions to the President of the Local Government Board as to the difficulty experienced by the Metropolitan Asylums Board in obtaining a suitable site for an additional convalescent fever hospital.—Mr. Fowler expressed his sympathy with the Board and explained the steps taken by his department in dealing with each application, adding that the difficulties of the Board could not justify the department in sanctioning an act of injustice.

BOOKS ETC. RECEIVED.

ALLEN, W. H., & CO., Waterloo-place, London, S.W.

The Diseases and Disorders of the Ox. With an account of the Diseases of the Sheep. By G. Gresswell, L.R.C.P., L.R.C.S. Edin. With additions on Human and Comparative Pathology by Dr. A. Gresswell. Second edition. 1894. pp. 755. Price 7s. 6d.

BAILLIÈRE, TINDALL, & COX, King William-street, Strand, London.

Politzer's Text-book of the Diseases of the Ear and Adjacent Organs. Translated by Oscar Dodd, M.D. Edited by Sir Wm. Dalby, F.R.C.S., M.B. Cantab. Illustrated. 1894. pp. 739. Price 21s.

Text-book of Normal Histology, including an account of the Development of the Tissues and of the Organs. By G. A. Piersol, M.D., Pennsylvania. Illustrated. pp. 439. Price 12s. 6d.

Dictionary of the Active Principles of Plants: Alkaloids, Bitter Principles, Glucosides. By Chas. E. Sohn, F.I.C., F.C.S. 1894. pp. 194. Price 10s. 6d.

BALE, JOHN, & SONS, Great Titchfield-street, London, W.

The Healing of Rodent Cancer by Electricity. By J. Inglis Parsons, M.D., M.R.C.P., M.R.C.S. Lond. 1893. pp. 82. Price 5s.

BLAKISTON, P., SON & CO., Walnut-street, Philadelphia.

Manual of Physical Diagnosis for the Use of Students and Physicians. By James Tyson, M.D. Second edition. 1893. pp. 241.

BURNS & OATES, Orchard-street, London.

Lourdes: Yesterday, To-day, and To-morrow. By Daniel Barbé. Translated by Alice Meynell. Illustrated. pp. 106.

CLARK, T. & T., George-street, Edinburgh.

Darwinianism: Workmen and Work. By James H. Stirling, F.R.C.S., LL.D. Edin. 1894. pp. 358. Price 10s. 6d.

CHURCHILL, J. & A., New Burlington-street, London.

The Physiology of Death from Traumatic Fever. By John D. Malcolm, M.B., C.M. 1893. pp. 129. Price 3s. 6d.

DORNAN, W. J., Philadelphia.

Transactions of the American Gynæcological Society. Vol. XVIII. For the year 1893. pp. 542.

GOVERNMENT PRINTING OFFICE Washington.

Vital Statistics of the District of Columbia and Baltimore, covering a Period of six years ending May 31st, 1890. By J. S. Billings, M.D., Expert Special Agent. 1893. pp. 241.

HEADLEY, H. D. & B., Paternoster-row, London.

Abstract of the Transactions of the Hunterian Society, 1892-93. Seventy-fourth session. pp. 112.

JARROLD & SONS, Warwick-lane, London.

The Wife's Guide to Health and Happiness. By Gordon-Stables, M.D., C.M. pp. 241. Price 2s. 6d.

LEWIS, H. K., Gower-street, London, W.C.

Medicated Baths in the Treatment of Skin Diseases. By Leslie Phillips, M.D. 1893. pp. 103. Price 4s. 6d.

MACMILLAN & CO., London.

A Text-book of the Physiological Chemistry of the Animal Body. By Arthur Gamgee, M.D., F.R.S. Illustrated. Vol. II. The Physiological Chemistry of Digestion. 1893. pp. 528. Price 18s.

PUTNAM'S, G. P., SONS, Bedford-street, London, and New York.

An Outline of the Embryology of the Eye. Illustrated. By Ward A. Holden, A.M., M.D. The Cartwright Prize Essay for 1893. pp. 69. Price 3s.

SAMPSON LOW, MARSTON, & CO., Fetter-lane, Fleet-street, London.

Tales of the Children's Ward. By H. Morten and H. F. Gethen. 1894. pp. 137.

SWAN SONNENSCHEIN & CO., London.

The Dwellings of the Poor and Weekly Wage-Earners in and around Towns. By T. Locke Worthington, A.R.I.B.A. With an introduction by G. V. Poore, M.D., F.R.C.P. 1893. pp. 164.

Richard Jefferies: a Study. By H. S. Salt. With a portrait. 1894. pp. 128.

THIN, JAMES, Edinburgh.

Descriptive Catalogue of the Anatomical and Pathological Specimens in the Museum of the Royal College of Surgeons of Edinburgh. By C. W. Cathcart. Vol. I. The Skeleton and Organs of Motion. 1893. pp. 605.

Transactions of the Obstetrical Society of London, vol. 35, for the year 1893; part 3 for June and July (at the Society's Library, Hanover-square, London), price 4s.—Alma Mater: Aberdeen University Magazine, Nov. 29th and Dec. 13th, 1893 (W. and W. Lindsay, Aberdeen), price 2d.—Traumatisms and Traumatic Aneurysms of the Vertebral Artery and their Surgical Treatment, with the Report of a Cured Case: by R. Matas, M.D., of New Orleans; reprint (University of Pennsylvania Press, Philadelphia, and Cassell & Co., London).—Der Hypnotismus im Münchener Krankenhause (links der Isar): eine kritische Studie über die Gefahren der Suggestiv-Behandlung: von Dr. F. von Schrenck-Notzing (Ambr. Abel [Arthur Meiner] Leipzig, 1894).—A Guide to the Public Medical Services, compiled from Official Sources: by A. S. Faulkner (H. K. Lewis, Gower-street, London), price 2s.—The Nerve Theory of Menstruation: by Christopher Martin, M.D. Edin., F.R.C.S. Eng.; reprint (John Bale & Sons, London, W.), 1893.—The Journal of Pathology and Bacteriology, November, 1893, vol. 2 (Young J. Pentland, Edinburgh and London), price 6s. net.—Die Infections-Krankheiten, ihre Entstehung, ihr Wesen und ihre Bekämpfung: von Dr. W. Plange (S. Karger, Berlin, and Williams & Norgate, London).—Klinische Geschichte der Pachydermia laryngis: von Dr. W. Sturmann, Berlin (S. Karger, Berlin, and Williams & Norgate, London).—Grundriss der Histologie, für Studirende und Aerzte; von Dr. B. Rawitz, Berlin (S. Karger, Berlin, and Williams & Norgate, London).—Archiv für Dermatologie und Syphilis; December, 1893; Band 26, Heft 1 (W. Braumüller, Wien und Leipzig, 1894).—Fifth Annual Report, 1893, of the Queen Victoria's Jubilee Institute for Nurses, Scottish Branch.—Luke, the Christian Physician of Antioch; reprinted from the Glasgow Medical Journal for December, 1893 (A. MacDougall, Glasgow).—British Medical Association (Victorian Branch); Series of Brain Cases: by J. W. Springthorpe, M.A., M.D. Melb.; reprint (Stillwell & Co., Melbourne).—Przeglad Chirurgiczny; tome 1, zeszyt 2 (Druk, K. Kowalewskiego, Warszawa, 1893).—The Royal Natural History: edited by R. Lydekker, B.A., F.G.S., F.Z.S. (F. Warne & Co, London), vol. 1, part 2, 1s. net.—Dr G. Zander's Medico-mechanical Gymnastics; its Method, Importance, and Application: by Dr. A. Levertin; illustrated, and a map (P. A. Norstedt & Söner, Stockholm, 1893).—Edinburgh Health Society; Health Lectures for the People; twelfth series, No. 7; Patent and Quack Medicines: by Joseph Tillie, M.D.,

F.R.S.E. (MacNiven & Wallace, Edinburgh, 1893), price 2*d.*—Die Beri-beri Krankheit; eine geographisch-medicinische Studie: von Dr. B. Scheube (G. Fischer, Jena, 1894) The Journal of Physiology; vol. 15, No. 4, November, 1893 (Cambridge Engraving Company, Cambridge), price 9*s.* 6*d*—The A.B.C. Pocket Diary and Memorandum Book for Physicians and Pharmacists, 1894 (Burroughs, Wellcome & Co., Snow Hill-buildings London, E.C.).—National Society for the Employment of Epileptics; the Objects and Scheme of the Society (Spottiswoode & Co., New-street-square, London)—Spinal Curvature; Description of a New Form of Apparatus in special relation to the Necessity and the Nature of Mechanical Support for the Spine: by C. G. Gümpel, Orthopædist (70, Newman-street, London, W).—Annales d'Oculistique; November, 1893 (Bureau du Journal, 198, Boulevard St. Germain, Paris).—Transactions of the Association of American Physicians; Eighth Session, held at Washington, May, 1893; vol. 8, pp. 402 (printed for the Association, Philadelphia, 1893).—Archives Cliniques de Bordeaux paraissant tous les mois; No. 12, December, 1893 (Feret & Fils, Bordeaux, and O. Doin, Paris).—The Humanitarian, January, 1894 (Swan Sonnenschein & Co., London), price 6*d.*

Appointments.

Successful applicants for Vacancies, Secretaries of Public Institutions, and others possessing information suitable for this column, are invited to forward it to THE LANCET *Office, directed to the Sub-Editor, not later than 9 o'clock on the Thursday morning of each week for publication in the next number.*

ANDREWS, A. G., L.R.C.P. Lond., F.R.C.S., M., has been reappointed Junior Anæsthetist to the Royal Infirmary, Manchester.

BAINES, B.A., M.B., B.C. (of Leeds), has been appointed House Surgeon to the Sunderland Infirmary, vice Dr. Cox, who has been appointed House Physician.

BEASLEY, J. G., L.R.C.P. Edin., L.F.P.S. Glasg., has been reappointed Medical Officer of Health for Rowley Regis.

BERRY, A. E., M.B. Lond., L.R.C.P., M.R.C.S., has been reappointed Resident Medical Officer to the Monsall Fever Hospital.

BLUMER, W. PERCY, F.R.C.S. Ed., has been appointed Honorary Surgeon to the Sunderland Infirmary, vice J. Whitehouse, F.R.C.S. Eng., deceased.

BLYTHE, W. F., L.R.C.P. Edin., has been appointed a District Surgeon for Bethnal Green, vice Dr. Owen, resigned.

CAMPBELL, ROBERT, B.A., M.B. Irel., M.R.C.S. Eng., L.R.C.P. Lond., has been appointed Visiting Surgeon to the Chester General Infirmary.

DENNE, T. V. DE, L.R.C.P. Edin., M.R.C.S., has been reappointed Assistant Medical Officer for the Rowley Regis District of the Dudley Union.

DENSHAM, H. BRYAN, M.B., C.M. Edin., has been appointed Honorary Surgeon to the Stockton-on-Tees and Thornaby Hospital, vice R. W. Foss, M.D., deceased.

ENGELBACH F. G., L.R.C.P. Lond., M.R.C.S., has been appointed Medical Officer for Moreton, North Bovey, Lustleigh, and Manaton Districts.

FISHER, W. W., M.A. Oxon., F.I.C. (Public Analyst to the County of Oxford), has been appointed the District Agricultural Analyst.

GARDNER, HAROLD, M.R.C.S., L.R.C.P., has been appointed Resident Medical Officer to the Chelsea Hospital for Women for one year, vice Dr. Ewen J. Maclean, term expired.

HAMILTON, E. T. E., B.Sc. Lond., F.R.C.S., L.R.C.P., M.R.C.S., has been appointed Anæsthetist to Guy's Hospital.

HODSON, FRED., M.R.C.S., has been reappointed Medical Officer for the Hornsea Sanitary District of the Skerlaugh Union.

KELYNACK, T. N., M.B., Ch.B. Vict., has been reappointed Pathological Registrar to the Royal Infirmary, Manchester.

LANCASTER, H. F., M.D. Brux., L.R.C.P. Lond., M.R.C.S., has been appointed Anæsthetist to Guy's Hospital.

LOVE, PERCY W., M.R.C.S., L.R.C.P. Eng., has been appointed a District Surgeon for Upper Holloway, vice Dr. Mackenzie, resigned.

OGLE, C. J., M.R.C.S., has been appointed Anæsthetist to Guy's Hospital.

ROUTH, AMAND, M.D., B.S., M.R.C.P., has been appointed Consulting Obstetric Physician to St. Marylebone Dispensary, vice J. H. Aveling, M.D., deceased.

ROWELL, G., L.R.C.P. Lond., F.R.C.S., has been appointed Anæsthetist to Guy's Hospital.

SILK, J. F. W., M.D. Lond., M.R.C.S., has been appointed Anæsthetist and Demonstrator of Anæsthetics, Guy's Hospital.

SUTHERLAND, J. &., L.R.C.S. Eng., has been appointed a Medical Officer to the West Rainton District Nursing Association.

YEARSLEY, P. MACLEOD, F.R.C.S. Eng., has been appointed Honorary Aural Surgeon to the Farringdon General Dispensary.

YOUNG, M., L.R.C.P., L.M., L.R.C.S. Edin., has been appointed Medical Officer of Health for the Rural Sanitary District of the Halifax Union, vice Ainley, resigned.

Vacancies.

For further information regarding each vacancy reference should be made to the advertisement (see Index).

BRISTOL CITY LUNATIC ASYLUM.—Second Assistant Medical Officer, unmarried. Salary £120 per annum, with furnished apartments, board (except beer &c., and washing.

CENTRAL LONDON OPHTHALMIC HOSPITAL, Gray's Inn-road, W.C.—House Surgeon. Rooms, coals, and lights provided.

CHARING-CROSS HOSPITAL, W.C.—Aural Surgeon and Orthopædic Surgeon.

COSFORD UNION, Suffolk.—Medical Officer and Public Vaccinator for the Boxford District. Salary £50 per annum, exclusive of the usual extra medical fees, amounting approximately to £15 per annum. Applications to the Clerk to the Guardians, Union Offices, Hadleigh, Suffolk.

COUNTY LUNATIC ASYLUM, Burntwood, near Lichfield.—Junior Assistant Medical Officer, unmarried. Salary commences at £100 per annum, with board, lodging, washing, and attendance.

GENERAL HOSPITAL, Birmingham.—Assistant House Surgeon for six months. Residence, board, and washing provided.

HORTON INFIRMARY, Banbury.—House Surgeon and Dispenser. Salary £60 per annum, with board and lodging.

JESSOP HOSPITAL FOR WOMEN, Sheffield.—House Surgeon, unmarried. Salary £50 per annum, with board, lodging, and washing.

KING'S COLLEGE, London.—Curatorship of the Museum

MANCHESTER SOUTHERN AND MATERNITY HOSPITAL.—Resident House Surgeon. Honorarium at the rate of £76 per annum. Applications to the Hon. Sec., 53, Princess-street.

ROYAL HOSPITAL FOR CHILDREN AND WOMEN, Waterloo Bridge-road, S.E.—Anæsthetist and Registrar, for twelve months. An honorarium of 20 guineas is given.

ROYAL LONDON OPHTHALMIC HOSPITAL, Moorfields, E.C.—Senior House Surgeon. Salary £50 per annum, with board and residence.

ROYAL SOUTH LONDON DISPENSARY, St. George's Cross, S.E.—Surgeon-in-Ordinary for the Waterloo district. Honorarium £20 per annum.

SWANSEA HOSPITAL.—Assistant to the Secretary. Remuneration, a fixed salary of £60 per annum and a commission on certain subscriptions.

SURREY DISPENSARY, Great Dover-street, S.E.—Surgeon. Honorarium £52 10*s.* per annum. Applications to the Secretary, 179, Bermondsey-street, S.E.

VICTORIA HOSPITAL FOR SICK CHILDREN, Queen's road, Chelsea, S.W.—House Surgeon to the in-patients. Honorarium £50 per annum, and board and lodging in the hospital provided.

Births, Marriages and Deaths.

BIRTHS.

ANDREWS.—On Dec. 13th, at Cheyne gardens, Chelsea, S.W., the wife of Launcelot Andrews, M.D., of a son.

BARRITT.—On Dec. 15th, at the residence of her father, S. Jones, Esq., 16, George-street, Hanover-square, W., the wife of Gilbert Lacy Barritt, M.R.C.S., L.R.C.P. Lond., of a son.

BENSLEY.—On Dec. 17th, at Malpas-road, Brockley, S.E., the wife of Edwin E. Bensley, M.R.C.S., L.R.C.P. Lond., of a daughter.

HEPBURN.—On Dec. 15th, at Aberdeen House, Hammersmith, W., the wife of John Hepburn, L.R.C.P. &c., of a son.

HETLEY.—On Dec. 13th, at Church-road, Upper Norwood, the wife of Dr. Henry Hetley, of a son.

LUSH.—On Dec. 19th, at 4, Maresfield gardens, Hampstead, the wife of Percy J. F. Lush, M.A., M.B., M.R.C.S., of a daughter.

MASON.—On Dec. 15th, at Willes road, Leamington Spa, the wife of Harold Mason, M.B., of a son.

TAIT.—On Dec. 15th, at Highbury-park, the wife of Edward Sabine Tait, M.D., of a daughter.

MARRIAGES.

ADAMSON—DUFF.—On Dec. 12th, at Christ Church, Ealing, Surgeon-Captain Henry McKenzie Adamson, Army Medical Staff, son of the late James Adamson, Esq., of Morphie, Kincardineshire, to Charlotte Elizabeth, younger daughter of the late Captain Robert William Duff, M.N.I., Woodville road, Ealing

AITKEN—GILMOUR.—On Dec. 20th, at 19, Blythswood-square, Glasgow (the residence of the uncle of the bride), by Rev. George Stewart Burns, D.D., of the Cathedral, assisted by Rev. Peter Dewar, minister of North Bute, Dr. James Aitken, 13, Clement's-gardens, Ilford, Essex, to Ida Muir Gilmour, granddaughter of the late John Turnbull, Esq., engineer, Glasgow.

LANE—NEALE.—On Dec. 13th, at St. Mary's, Primrose Hill, N.W., by the Rev. Canon Thornton, assisted by Rev. A. Spencer, James Oswald Lane, M.D. Cantab., M.R.C.S., &c., Hereford, to Edith Percival, second daughter of John H. Neale, Esq., Bentwick-terrace, Regent's Park, N.W.

MATTHEWS—EENENS.—On Dec. 19th, at St. Paul's Church, Clifton, Charles E. Matthews, L.R.C.P., M.R.C.S., of Pembroke-road, Clifton, to Elizabeth Lucie, only child of the late Ferdinand Eenens, of Brussels.

DEATHS.

CLUTTERBUCK.—On Dec. 16th, at Hoe park terrace, Plymouth, James Edmund Clutterbuck, Surgeon-General, Army Medical Staff (retired), aged 79.

DAVIS.—On Dec. 16th, at Heytesbury, William George Davis, M.R.C.S., aged 75.

DEMPSTER.—On Dec. 12th, at Guildford, Robert Dempster, Deputy Surgeon-General, late Madras Medical Service, aged 66.

GODDARD.—On Dec. 20th, at his residence, Norfolk-crescent, Hyde-park, W., Richard Walter Goddard, M.D., aged 62.

GRAHAM.—On Dec. 14th, at Bryckden, Waldron, Sussex, John Graham, M.D., aged 73.

TILT.—On Dec. 17th, at Hastings, Edward John Tilt, M.D., M.R.C.P., aged 78.

WEBSTER.—On March 20th, Thomas Webster, M.R.C.S. and L.M., of Hogarth-road, Earl's-court, London.

N.B.—A fee of 5s. is charged for the Insertion of Notices of Births, Marriages, and Deaths.

Notes, Short Comments & Answers to Correspondents.

EDITORIAL NOTICE.

IT is most important that communications relating to the Editorial business of THE LANCET should be addressed *exclusively* "TO THE EDITORS," and not in any case to any gentleman who may be supposed to be connected with the Editorial staff. It is urgently necessary that attention be given to this notice.

It is especially requested that early intelligence of local events having a medical interest, or which it is desirable to bring under the notice of the profession, may be sent direct to this Office.

Letters, whether intended for insertion or for private information, must be authenticated by the names and addresses of their writers, not necessarily for publication.

We cannot prescribe or recommend practitioners.

Local papers containing reports or news paragraphs should be marked and addressed "To the Sub-Editor."

Letters relating to the publication, sale and advertising departments of THE LANCET *should be addressed "To the Publisher."*

We cannot undertake to return MSS. not used.

PUBLISHER'S NOTICE.

IN order to facilitate the work of reference to the volumes of THE LANCET, we have arranged to publish duplicate copies of the Index to each half-yearly volume in a form in which they may be subsequently filed or bound together. Those of our subscribers who may wish to be supplied with loose copies can obtain the same (without extra charge) on making application to the Publisher of THE LANCET.

PUFFING BY INJUDICIOUS FRIENDS.

THE following specimen of a newspaper attempt to "serve a friend" is so choice and so thorough-going that we feel we must give it entire. It is due to the "most skilful operators in London" to warn them of the rival that has torn himself from Dunedin for London's good, and it is due to Dr. Maunsell that he should know what "friends" he has to be saved from:—

(FROM OUR SPECIAL CORRESPONDENT.)

30 and 31, Fleet-st., London, E.C., Sept. 9th.

Anglo Colonial Notes.—Dr. Maunsell, formerly of Dunedin, who, as I mentioned in a recent letter, had decided to pay a visit to New Zealand, has now, I learn, definitely abandoned this intention. The reason is that he cannot well leave his largely-increasing London practice. I believe I am right in saying that he has at length determined to remain permanently in London and practise largely as a specialist in surgery. He undoubtedly has a very fine career before him in his profession. When a man once "gets his hand in" and "his name up" in a profession in London he is a "made man." So I have reason to believe it is with Dr. Maunsell. For a long time he hesitated about relinquishing his fine practice in Dunedin, which I am assured on good authority was worth fully £4,000 a year. He was doing well enough in London, yet doubted the wisdom of giving up New Zealand. But then came his supreme chance. A most critical and difficult operation had to be performed upon a patient in the Queen's Jubilee Hospital, upon the staff of which he had secured an appointment. The operation was gravely dreaded by some of the most skilful London operators. It fell to the lot of Dr. Maunsell to undertake it. He performed it so brilliantly and successfully as to win the cordial congratulations of his rivals and the lifelong gratitude of his patient and her husband. The fame of the brilliant operator soon spread, and Dr. Maunsell's fortune was made. He is said to be a specialist of peculiar skill in the treatment of those sad deformities—hare-lip and cleft palate. He has already treated some cases with favourable results, and these he will make his specialty. But he is recognised as a most able all-round surgeon. I hear he is about to take a large and handsome house in that very fashionable (and expensive) locality, Cromwell-road.

Dr. F. P. Atkinson (Surbiton).—The offices of the Patent Complete Sight Test are at 94, Hatton-garden, E.C.

Mr. M. Hamilton (Brighton).—We regret we cannot afford the information our correspondent desires.

Mr. H. Gaselee.—The question is one of interest and shall have our consideration.

"THE TITLE OF 'DR.'"

To the Editors of THE LANCET.

SIRS,—I quite fail to understand how the omission of the name of one's university can be construed into a want of consideration for one's *confrères*, as your correspondent "L.R.C.P. Lond., M.R.C.S. Eng. &c.," in his letter published in THE LANCET of Dec. 16th, would have us believe; nor do I at all appreciate his application of the words "the whole truth, and not half the truth" in regard to the M.D. of the English university. The wording is assuredly unfortunate, for it distinctly implies that the mention of one's alma mater should call up a blush unless it chanced to be one of those honoured by your correspondent's selection. I also was a London student. I am proud of Guy's, where I received the greater portion of my professional education; I am likewise proud of my university—Durham—and to me this question of "unfairness" to London students appears to be rather a figment of the brain than a substantial fact. Your correspondent is, moreover, mistaken in his supposition that the M.D.Durh. was an afterthought on my part, and I feel convinced that the assumption is unworthy of him. In reality I graduated M.B.Durh three months ere leaving the hospital to enter into practice, and the M.D. was acquired in due course. In conclusion, I would maintain that the title of "Dr." should be restricted to those who are *bond-fide* graduates of a university, and, if so used, should be above reproach. In defence of my own university I would quote Sir Dyce Duckworth's opinion, recently expressed before the General Medical Council, that "he himself regarded the examination of the University of Durham as being a highly satisfactory one" (THE LANCET, Dec. 9th, pp. 1467-68).—I am, Sirs, yours faithfully,

Dec. 15th, 1893. M.D.

To the Editors of THE LANCET.

SIRS,—Will "L.R.C.P. Lond., M.R.C.S. Eng., &c." kindly point out in what way the M.D. of Durham is inferior as a medical degree to that of Cambridge, as he appears to infer in his letter in THE LANCET of Dec. 16th? Nobody disputes the value of the M.R.C.S., L.R.C.P. qualifications, but as far as the title of "Dr." is concerned the Royal College of Physicians distinctly state that their Licentiates and Members are not to assume titles which would imply that they are graduates of a university unless they are also graduates of a university. As far as Durham is concerned a very large proportion of its graduates take the London or Edinburgh licence as well as the degree. A licentiate in theology might as well call himself a Doctor of Divinity or assume the title of "Dr." As far as I can see he would have equal rights with a licentiate in medicine. With regard to your correspondent's suggestion that M.D.'s should state on their door-plates the university to which they belong, I think it a very good one, and I am quite sure that none of the Durham graduates have any desire to conceal the name of their alma mater. If his idea were carried out the public would soon be aware of the host of more or less valueless foreign degrees with which the country is flooded, and the genuine British and foreign degrees would receive deserving recognition.—I am, Sirs, yours faithfully,

Dec. 20th, 1893. ANOTHER M.D.DURHAM.

"WANTED A DIAGNOSIS."

To the Editors of THE LANCET.

SIRS,—Some eighteen months ago we had a case in the hospital with symptoms very much like those mentioned by Mr. Grimshaw. The patient (a porter by occupation) was a well-developed man twenty years of age, admitted with an enlargement of the plantar surface and sides of the right heel. The patient complained of great pain on walking, and there was marked tenderness on pressure at a spot in the centre of the heel, but there was no redness or fluctuation and the patient did not complain of pain on moving the foot. There was no history of traumatism, syphilis, gout, or rheumatism. Several remedies were tried; the heel was painted with liniment of iodine and then with blistering fluid, and he was given iodide of potassium, salicylate of soda, &c., but without any improvement. Finally, several small incisions were made down to the os calcis with a narrow sharp-pointed bistoury, and a fortnight afterwards there was no tenderness, and the patient was able to return to his work. The case was diagnosed as one of periostitis of the os calcis and probably traumatic in origin. The absence of any definite traumatic history in a situation like that of the heel does not always exclude it. I am, Sirs, yours faithfully,

Torbay Hospital, Torquay, Dec. 10th, 1893. ARTHUR E. WATSON.

SNAKE-BITE.

To the Editors of THE LANCET.

SIRS,—In Allen's *Indian Mail* for Dec. 18th I notice the following interesting communication: "The medical officer at Hassam, writes the correspondent of a Bangalore paper, made a very interesting experiment with a case of snake-bite. A Mahommedan of the town was bitten by a cobra, and began to show signs of collapse, when his friend brought him to the hospital. The medical officer injected strychnine four times, with a short interval between each injection, and in about five hours the man was quite well. The method of treatment is the one recommended by Dr. A. Mueller, of Melbourne." I would like to know how much strychnine the solution contained at each time of the injection. Scarcely a year passes without someone being bitten by an adder in England, and although the poison is, I believe, seldom fatal unless the person affected be in a bad state of health, there is often serious collapse, which necessitates great care and watching. Although in charge of a civil hospital in India for many years, I never saw a case of snake poisoning except in a moribund state. I am, Sirs, yours truly,

William-street, S.W., Dec. 18th, 1893. CARBO-RIVULUS.

ERLICHS' TEST.

To the Editors of THE LANCET.

SIRS,—Will any of your readers kindly inform me, if possible, of the formula and mode of using Erlichs' test (sulphanilic acid) for enteric fever urine? I am, Sirs, yours faithfully,

Dec. 9th, 1893. SURG.-CAPT., A.M.S.

PRESCRIBING BY PARISH MIDWIVES.

WE have had forwarded to us specimens of prescriptions by parish midwives, which illustrate the objectionable fact that such officials are apt to assume a quasi-medical air, which will have to be guarded against in any legislation.

"WINDOW-CLEANING ACCIDENTS."

To the Editors of THE LANCET.

SIRS,—The able article on the above subject in THE LANCET of the 9th inst. comes at an opportune time, and the counsel therein given that the windows should be made so that they can be cleaned without getting outside on the sills coincides with the by-law passed by the corporation of Glasgow last year which enacts that all window sashes above the ground floor shall be hinged or constructed so as to admit of the outside of the window being cleaned from the inside of the apartment. Some correspondents in the daily press have advised that a police law be passed for London, similar to one they have in the boroughs, making it an indictable offence—with a fine of 40*s.* to be inflicted upon the occupier of the house—for allowing anyone to stand outside the window. But that law has been a dead letter in the boroughs since the Act was passed—viz., 1847. I have failed to find a single case reported or acted upon during the last twenty-five years, and if such a law were passed for London it would become obsolete by reason of the many and multifarious duties of the police interfering with the enforcement of such an Act in a proper manner in the network of streets and houses which comprise London and its suburbs. Your article, without doubt, goes to the root of the matter and fixes upon the only course that is practical and certain to stop these increasing and far-reaching deplorable accidents; and it seems to me that the properly constituted authorities for the different towns and boroughs should at once follow the action of the Glasgow corporation, who went very fully into the subject before legislating. The Vienna contrivance mentioned merely touches the fringe of this question, but the Glasgow by-law goes to the source, and is at once preventive of the cause of these accidents by insisting upon the alteration of the make of the windows. I have ascertained that there is at the present moment being sold in Glasgow an ingenious and simple window-sash and frame which allows of the two sashes working up and down as at present, and also has the great advantage of opening as a French casement for the purpose of cleaning. This not only meets the requirements of the by-law, but avoids your very proper fear of too much draught, as is always the case in fixed casement windows. Trusting your valued interest will help to proper and practical legislation being quickly passed upon this important subject—important from the fact of the many deaths and cruel injuries inflicted, which can, and should be, avoided,

I am, Sirs, your obedient servant,

Dec. 19th, 1893. ANCIENT LIGHTS.

HOSPITAL REGULATIONS.

To the Editors of THE LANCET.

SIRS,—May I trouble you for your opinion on the following questions? At the Bradford Eye and Ear Hospital patients are admitted by recommendations from subscribers. There are two kinds of recommendations: 1. *Able to pay.* "This form must only be given to those patients who are able to pay 1*s.* for the first examination; 6*d.* for each subsequent one." 2. *Unable to pay.* "This form must only be given to those patients who are unable to pay 1*s.* for the first examination; 6*d.* for each subsequent one." Rule 5 states: "Patients who are not able to pay for private medical advice, but who can nevertheless contribute something towards the maintenance of the charity, are expected to pay one shilling for the first advice, and sixpence for each subsequent attendance." The hospital is very much abused by patients who are very well-to-do. I maintain (1) that the abuse of the hospital is to a great extent due to the fact that patients who pay one shilling for advice think that they have a perfect right to come; (2) that it is humiliating to the honorary staff to receive 1*s.*, and 6*d.*, for "advice" given, even if the money received does all go to the funds of the hospital; and (3) that the fact of patients being admitted who pay 1*s.* for advice given, tends to make the hospital, and also the honorary staff, unpopular amongst the neighbouring medical practitioners. The question of altering the rule as regards receiving paying out-patients is at present under consideration by the committee, and I should be glad of your opinion.

I am, Sirs, yours truly,

Dec. 11th, 1893. OBSERVER.

*** The rules require to be made more stringent, and the investigation of the patients' circumstances and the receipt of their contributions should be the work of the secretary, and not of the medical officers.—ED. L.

AN APPEAL.

To the Editors of THE LANCET.

SIRS,—I beg leave to make an appeal to the benevolent for the widow and one child, aged six years, of the late James Morgan, surgeon, of 15, John-street, Edgware-road, who died two years ago from consumption, leaving them unprovided for. He was formerly my assistant, and I attended him in his last illness of several months. Mrs. Morgan is in delicate health, and not able to earn her living. She is now living at 75, Marylebone-road, and will be thankful for the smallest assistance. The following subscriptions have been received:—John Waller, £1 1*s.*, Dr. Norman Kerr, £1 1*s.*

I am, Sirs, yours faithfully,

15, Upper Montagu-street, W. JOHN WALLER, M.R.C.S.

METEOROLOGICAL READINGS.

(Taken daily at 8.30 a.m. by Steward's Instruments.)

THE LANCET Office, December 21st, 1893.

	Barometer reduced to Sea Level and 32° F.	Direction of Wind.	Dry Bulb.	Wet Bulb.	Solar Radiation in Vacuo.	Maximum Temp. Shade.	Min. Temp.	Rainfall.	Remarks at 8.30 A.M.
Dec. 15	30·39	W.	41	39	62	52	35	..	Cloudy
,, 16	30·51	S.W.	50	48	70	53	40	..	Cloudy
,, 17	30·45	S.W.	39	39	61	45	38	..	Cloudy
,, 18	30·12	S.W.	40	39	51	47	35	..	Overcast
,, 19	29·57	S.W.	46	45	76	50	40	..	Cloudy
,, 20	29·00	S.W.	44	42	56	51	42	·20	Raining
,, 21	29·46	S.W.	38	36	60	43	36	·24	Overcast

Medical Diary for the ensuing Week.

Monday, December 25.

ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1.30 P.M.; and on Tuesday, Wednesday, Friday, and Saturday at the same hour.
ST. MARK'S HOSPITAL.—Operations, 2 P.M.; Tuesday, 2.30 P.M.
ST. THOMAS'S HOSPITAL.—Ophthalmic Operations, 2.30 P.M.; Friday, 2 P.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, daily at 10 A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1.30 P.M.; and each day at the same hour.
CHELSEA HOSPITAL FOR WOMEN.—Operations, 2 P.M.; Thursday, 2 P.M.
HOSPITAL FOR WOMEN, SOHO-SQUARE.—Operations, 2 P.M.; and on Thursday at the same hour.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M., and each day in the week at the same hour.
UNIVERSITY COLLEGE HOSPITAL. Ear and Throat Department, 9 A.M.; Thursday, 9 A.M. Eye Department, 2 P.M.
ROYAL EYE HOSPITAL, SOUTHWARK.—Hour of attendance, 2 P.M., and other days at the same hour. Operations daily.

Tuesday, December 26.

GUY'S HOSPITAL.—Operations, 1.30 P.M., and on Friday at the same hour. Ophthalmic Operations on Monday at 1.30 and Thursday at 2 P.M.
CANCER HOSPITAL, BROMPTON.—Operations, 2 P.M.; Saturday, 2 P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2.30 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M. Skin Department, 1.45; Saturday, 9.15.
ST. MARY'S HOSPITAL.—Operations, 1.30 P.M. Consultations, Monday, 2.30 P.M. Skin Department, Monday and Thursday, 9.30 A.M. Throat Department, Tuesdays and Fridays, 1.30 P.M. Electro-therapeutics, same day, 2 P.M.

Wednesday, December 27.

KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.; Thursdays and Fridays at the same hour.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 10 A.M.
MIDDLESEX HOSPITAL.—Operations, 1.30 P.M.; Saturdays, 2 P.M. Obstetrical Operations, Thursdays, 2 P.M.
CHARING-CROSS HOSPITAL.—Operations, 3 P.M., and on Thursday and Friday at the same hour.
ST. THOMAS'S HOSPITAL.—Operations, 1.30 P.M.; Saturday, same hour.
LONDON HOSPITAL.—Operations, 2 P.M.; Thursday and Saturday, same hour.
ST. PETER'S HOSPITAL, COVENT-GARDEN.—Operations, 2 P.M.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2.30 P.M.
GREAT NORTHERN CENTRAL HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 1.30 P.M. Dental Department, 9.30 A.M. Eye Department, 2 P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M., and on Saturday.
CHILDREN'S HOSPITAL, GREAT ORMOND-STREET.—Operations, 9.30 A.M. Surgical Visits on Wednesday and Saturday at 9.15 A.M.

Thursday, December 28.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M. Surgical Consultations, Wednesday, 1.30 P.M. Ophthalmic Operations, Friday, 1.30 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M. Ear and Throat Department, 9 A.M. Eye Department, 2 P.M.
NORTH-WEST LONDON HOSPITAL (Kentish Town-rd.).—Operations, P.M.

Friday, December 29.

UNIVERSITY COLLEGE HOSPITAL.—Eye Department, 2 P.M.

Saturday, December 30.

UNIVERSITY COLLEGE HOSPITAL.—Skin Department, 9.15 A.M.

During the week marked copies of the following newspapers have been received:—*West Kent Advertiser, Stafford Evening Post, Dundee Courier, Derbyshire Times, Heywood Advertiser, Coventry Standard, Worcester Daily Times, Standard, North British Advertiser, Kettering Guardian, Hertfordshire Mercury, Sanitary Record, Reading Mercury, Liverpool Daily Post, Leeds Mercury, City Press, Yorkshire Post, Builder, Architect, Times of India, Pioneer Mail, Bristol Mercury, Local Government Chronicle, West Middlesex Standard, Weekly Free Press and Aberdeen Herald, Surrey Advertiser, Guy's Hospital Gazette, West Middlesex Advertiser, Local Government Journal, The Statesman (Calcutta), The Englishman (Calcutta), East London Observer, Pall Mall Gazette, Electricity, Globe, Scotsman, Le Temps (Paris), Medical Times, Alnwick Gazette, Scottish Leader, North Devon Journal, Leighton Observer, Nottingham Evening Post, Galignani Messenger, Weston Mercury, Kensington News, Weekly Sun, Belfast News Letter, Northern Guardian, Jarrow Express, Waterford Chronicle, Eastbourne Chronicle, &c. &c.*

Communications, Letters &c. have been received from—

A.—Dr. A. M. Anderson, Dundee; Messrs. E. Austin and Son, London; Apollinaris Co. Limited, London; Another M.D. Durham.

B.—Dr. T. Lauder Brunton, London; Dr. John A. Boyd, Glasgow; Mr. W. A. Bond, London; Mr. W. L'Heureux Blenkarne, Leicester; Mr. S. A. Bennett, London; Mr. E. A. Blackman, London; Messrs. Boulton and Paul, Norwich; Birmingham General Hospital, House Governor of; Brentford Gas Co., Manager of; Brighton and Sussex Medico-Chirurgical Society, Secretary of.

C.—Dr. A. Cordes, Geneva; Dr. G. Clarke, Belfast; Dr. Cuylits, Brussels; Mr. C. Clark, Wolverhampton; Canterbury Nurses' Institute, Lady Superintendent of; Cuzco, London; C., London.

D.—Dr. Lovell Drage, Hatfield; Mr. J. Dalgleish, Newcastle-on-Tyne; Messrs. Davids and Maxwell, Banbury.

E.—Mr. T. Edis, Gloucester.

F.—Mr. Chas. Forbes, Cambridge; Messrs. Fannin and Co., Dublin; F. R. C. S.; F. W. L.; Forest Gate, 20, Holley road.

G.—Dr. W. R. Gowers, London; Dr. Karl Grube, London; Dr. H. L. Gordon, London; Mr. J. H. Gordon, London.

H.—Mr. T. A. Howell, Wandsworth; Mr. J. Hepworth, Carlisle; Mr. J. Heywood, Manchester; Halstead Gas Co., Limited, Manager of; Hastings and St. Leonards Gas Co., Manager of; H. M. S., London.

I.—Mr. R. Irving, London.

J.—Dr. H. Webster Jones, London; Mrs. Jones, Wilmslow.

K.—Dr. James Kerr, Bradford; Kidderminster Gas Light and Coke Co., Manager of.

L.—Dr. J. O Lane, Brighton; Mr. L. J. Levi, London; Messrs. Longmans, Green & Co., London; London Temperance Hospital, Secretary of; Leith Hospital, Resident of; L.R.C.P.

M.—Dr. Patrick Manson, London; Dr. E. Maragliano, Genoa; Mr. Albert E. Morison, Hartlepool; Mr. R. Mosse, London; Mr. G. Makin, Hadleigh; Messrs. J. Marston and Co., Birmingham; Midland Medical Society, Secretary of; Midwives' Registration Association, Secretary of; Medical Officers of Schools' Association, Hon. Secretary of; Maltine Manufacturing Co., London; Manchester Maternity Hospital, Hon. Secretary of; Medicus, Halifax; Medicus; Mariachal, London; M.D., F.R.C.S., London.

N.—Mr. H. Napper, Billinghurst; Mr. F. Nokes, Tutbury; Mr. F. Nuttall, Blackburn; National Society for the Employment of Epileptics, Secretary of.

O.—Professor Ogston, Aberdeen; Messrs. T. Ordish and Co., London; Orphan; Old Subscriber.

P.—Dr. D. R. Paterson, Cardiff; Mr. H. F. Powell, Menagh; Plymouth Medical Society, Secretary of; Penrith Local Board of Health, Manager of.

R.—Dr. M. Armand Ruffer, London; Dr. John Randle, Lagos, West Africa; Mr. D. B. Reid, London; Mr. Bernard Relton, Rugby; Mr. A. Robinson, Brighton; Mr. P. A. Riordan, Cloyne; Royal College of Physicians, London, Registrar of; Royal College of Surgeons, London, Assistant Secretary of; Royal Aquarium, Westminster, Manager of; Revista Médica de Bogotá Administrateur of, Robin Dinner Fund, Secretary of; R. D., Worthing; R., London.

S.—Dr. W. Sumpter, Clay-next-Sea, Norfolk; Professor Max Schuller, Berlin; Surgeon Captain Townsend Shaw, India; Surgeon-Captain R. R. Sleman London; Mr. Simeon Snell, Sheffield; Mr. T. Smith, London; Mr. C. J. Smith, London; Mr. W. Towers Smith, London; Mr. H. Standley, Leicester; Mr. B. Smith, London; Messrs. Street Bros., London; Messrs. Swan Sonnenschein and Co., London; Messrs. G. Street and Co., London; Sanitary Institute, Secretary of; Swansea Hospital, Secretary of; Sigma, London.

T.—Dr. A. Tselios, Thebes, Greece.

U.—University of London, Registrar of.

V.—Dr. C. T. Vachell, Cardiff.

W.—Dr. Forbes Winslow, London; Dr. F. J. Waldo, London; Dr. Richard J. Wylie, Hertford; Dr. R. T. Williamson, Manchester; Mr. J. W. Walker, Wakefield; Messrs. Whitworth and Stuart, Manchester: West London Hospital, Hon. Secretary of.

Letters, each with enclosure, are also acknowledged from—

A.—Messrs. Allen and Hanburys, London; A. B., London; Albion, London; A. J. N., Windermere.

B.—Mr. F. Balls, Norwich; Mr. C. Birchall, Liverpool; Messrs. J. E. Bryant and Co., Limited, Toronto; Messrs. Brooks and Walker, London; Burnley Victoria Hospital, Secretary of; Beta, West Bromwich.

C.—Dr. W. J. Cleaver, Sheffield; Mr. J. R. Case, Southport; Mr. C. W. Clarke, Devizes; Mr. E. B. Chamberlain, Broadhampton; Mr. J. Cochrane, Lochgoilhead; Chesterfield Borough, Accountant to; Celt, London.

D.—Dr. V. De Laprade, Lyons; Mr. N. T. Davies, London.

F.—Mr. A. Foster, Blackburn.

G.—Mr. W. B. Griffith, Ravenglass; Mons. P. Gaillard, Harrogate; Messrs. Giles, Schacht and Co., Clifton; Glasgow University, General Manager of.

H.—Dr. W. S. Hedley, Brighton; Dr. R. Hollings, Bournemouth; Mr. J. P. Hentsch, London; Mr. I. Harthan, Manchester; Mrs. Hopkins, Tunbridge Wells; Hull Royal Infirmary, Secretary of.

I.—Inkpot, London.

J.—Rev. Dr. James, Winslow; Messrs. Johnson and Sons Leicester.

K.—Mr. H. Kimpton, London; Mr. P. J. A. Keily, Oldcastle; Mr. T. H. Kebbs, Margate; K. D., London; Karakatta, London.

L.—Lowestoft Borough, Accountant to.

M.—Dr. J. McCaw, Belfast; Dr. W. Milligan, Huddersfield; Dr. E. M. Madden, Bromley; Mr. S. K. Mukerji, Lahore; Mr. A. Mitra, Srinagar; Mr. D. Mawby, London.

N.—Mr. G. Nicoll, Kirriemuir; Mr. W. E. C. Nourse, Falmouth; Mr. J. W. Norman, Teignmouth.

O.—Dr. J. O'Sullivan, Colchester; Miss Oswald, Edinburgh; Opportunity, London.

P.—Mr. G. Padley, Swansea; Messrs. J. Parker and Co., Oxford.

R.—Dr. R. M. Ronaldson, Edinburgh; Mr. A. Richards, Manchester; Mr. B. Roberts, Ludlow; Messrs. A. Reddick and Co., London.

S.—Dr. T. Smith, Lancaster; Mr. W. Surman, Bath; Messrs. W. H. Smith and Son, Manchester; Stockport Infirmary, Secretary of; South Metropolitan Gas Co., London, Cashier of; Specialist, London; S. M. A., London; Sigma, London.

T.—Mr. W. Taynton, London; Mr. J. Thin, Edinburgh; Triceps, London; Torga, London.

U.—University College of South Wales, Cardiff, Secretary of.

W.—Dr. S. Wilks, London; Dr. J. W. White, Glasgow; Dr. C. J. White, London; Warneford Hospital, Leamington Spa, Secretary of.

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The Publisher cannot hold himself responsible for the return of testimonials &c. sent to the office in reply to advertisements; copies only should be forwarded.

NOTICE.—Advertisers are requested to observe that it is contrary to the Postal Regulations to receive at Post Offices letters addressed to initials only.

An original and novel feature of "THE LANCET General Advertiser" is a special Index to Advertisements on pages 2 and 4, which not only affords a ready means of finding any notice, but is in itself an *additional* advertisement.

Advertisements (to ensure insertion the same week) should be delivered at the Office not later than Wednesday, accompanied by a remittance.

Answers are now received at this Office, by special arrangement, to Advertisements appearing in THE LANCET.

Terms for Serial Insertions may be obtained of the Publisher, to whom all letters relating to Advertisements or Subscriptions should be directed.

THE LANCET can be obtained at all Messrs. W. H. Smith and Son's Railway Bookstalls throughout the United Kingdom. Advertisements are also received by them and all other Advertising Agents.

Agent for the Advertisement Department in France—J. ASTIER, 65, Rue Caumartin, Paris.